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National Birth Defects Prevention Month and National Folic Acid Awareness Week

January is National Birth Defects Prevention Month, and January 9–15 is National Folic Acid Awareness Week. Birth defects affect approximately 120,000 newborns in the United States each year; they are the leading cause of infant mortality and contribute substantially to long-term disability (*1*). In 1992, lifetime care for infants born in a single year with any of 17 major birth defects was estimated to cost approximately than $6 billion (*1*).

The focus of this year's Birth Defects Prevention Month is preconceptional health. Health-care professionals should encourage women of childbearing age to practice healthy preconceptional and prenatal behaviors, including taking multivitamins containing folic acid, managing chronic medical conditions, having regular medical examinations, and avoiding alcohol, tobacco, and illicit drugs.

Taking folic acid before and during early pregnancy can prevent serious birth defects of the spine and brain (i.e., neural tube defects). The rates of such birth defects declined 26% after folic acid was first added to cereal-grain products in 1998 via federal mandate (*2*).

Information on Birth Defects Prevention Month is available from the March of Dimes (http://www.marchofdimes.com) and the National Birth Defects Prevention Network (http://www.nbdpn.org). Information on National Folic Acid Awareness Week is available from the National Council on Folic Acid (http://www.folicacidinfo.org).

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Improved National Prevalence Estimates for 18 Selected Major Birth Defects — United States, 1999–2001

Continuing efforts are needed to improve surveillance for birth defects, which are the leading cause of infant mortality in the United States (*1*). Although state and local surveillance data indicate that approximately 3% of births are affected by any of 45 birth defects, no national estimates based on population-based birth defects surveillance have been available for specific types of birth defects other than neural tube defects (spina bifida and anencephaly). This report describes estimates of national prevalence and number of affected births in the United States each year during 1999–2001 for 18 selected major birth defects. The findings indicated that 10 of the 18 defects affected more than 1,000 infants each year in the United States. The conditions with the highest prevalence included orofacial clefts, which affect approximately 6,800 infants annually, and Down syndrome, which affects approximately 5,500 infants annually. Population-based national prevalence estimates of birth defects can help determine resource needs for basic and public health research and assist in planning for the health-care and educational needs of the U.S. population.

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State birth defects surveillance systems traditionally have collected data on major structural birth defects and birth defects resulting from chromosomal abnormalities. Major structural birth defects are defined as conditions that 1) result from a malformation, deformation, or disruption in one or more parts of the body; 2) are present at birth; and 3) have a serious, adverse effect on health, development, or functional ability. Previous national estimates of birth defects prevalence were based on data from the Birth Defects Monitoring Program (BDMP); BDMP estimates used hospital discharge data to ascertain defects diagnosed at birth and were not population-based (*2*). The National Birth Defects Prevention Network (NBDPN) collects population-based surveillance data annually from 34 participating states for up to 45 major birth defects and publishes the prevalence of these defects by state (*3*). NBDPN data provide a means for comparing state-specific prevalence estimates for each defect by state, racial/ethnic population, type of surveillance, pregnancy outcomes included, and size of program; however, to date, national prevalence using these data has been estimated only for neural tube defects (*4*).

To create the most reliable and valid estimates for national prevalence, this analysis included only states that had 1) active case-finding for all 18 included defects for 1999–2001 birth years and 2) data reported to NBDPN for all 3 years (1999–2001). NBDPN data from 11 states meeting these criteria (Alabama, Arkansas, California, Georgia, Hawaii, Iowa, Massachusetts, North Carolina, Oklahoma, Texas, and Utah) were used to calculate state-specific and average prevalence estimates (per 10,000 live births) and 95% confidence intervals for selected categories of major birth defects: eye defects, cardiovascular defects, orofacial defects, gastrointestinal defects, musculoskeletal defects, and chromosomal defects (Table).

Pooled (i.e., average and unadjusted) prevalence estimates were calculated by summing the defect-specific counts across the 11 states and then dividing by the sum of the live births. The selected defects were chosen because they are recognizable at or shortly after birth and their ascertainment is less likely to be affected by regional differences in referral and clinical management practices than other types of defects. Neural tube defects were excluded because the national prevalence of these defects has been previously estimated using NBDPN data (*4*). The specific ascertainment methods and pregnancy outcomes included for each state are detailed in the program directory (*3*). All sites ascertain cases by abstracting medical records of potential cases identified from 1) discharge diagnosis indices from delivery and pediatric hospitals and 2) review of various hospital logs, including labor and delivery, neonatal intensive care unit, pathology, and surgery logs. States

TABLE. Average prevalence* of 18 selected major birth defects in 11 states combined and estimated number of births affected by these defects each year, by birth defect — United States, 1999–2001

Birth defect†	11 states combined		National estimates§			
	Average prevalence¶	(95% CI**)	Prevalence	(95% CI)	Annual no. of cases	(95% CI)
Eye defects						
Anophthalmia/Microphthalmia	2.09	(1.92–2.27)	2.08	(1.90–2.26)	834	(763–905)
Cardiovascular defects						
Truncus arteriosus (also known as common truncus)	0.82	(0.71–0.93)	0.82	(0.71–0.93)	329	(285–373)
Transposition of great arteries	4.74	(4.48–5.01)	4.73	(4.47–5.00)	1,901	(1,795–2,007)
Tetralogy of Fallot	3.85	(3.62–4.10)	3.92	(3.67–4.17)	1,574	(1,478–1,670)
Atrioventricular septal defect (also known as endocardial cushion defect)	4.32	(4.07–4.58)	4.35	(4.10–4.62)	1,748	(1,644–1,852)
Hypoplastic left heart syndrome	2.39	(2.21–2.58)	2.43	(2.24–2.63)	975	(900–1051)
Orofacial defects						
Cleft palate only	6.28	(5.98–6.59)	6.39	(6.08–6.71)	2,567	(2,445–2,689)
Cleft lip with or without cleft palate	10.54	(10.15–10.94)	10.48	(10.08–10.88)	4,209	(4,050–4,368)
Gastrointestinal defects						
Esophageal atresia/Tracheoesophageal fistula	2.34	(2.16–2.53)	2.37	(2.18–2.56)	952	(878–1,027)
Rectal and large intestinal atresia/stenosis	4.84	(4.58–5.11)	4.81	(4.54–5.08)	1,931	(1,824–2,039)
Musculoskeletal defects						
Reduction defect, upper limbs	3.84	(3.61–4.09)	3.79	(3.55–4.03)	1,521	(1,425–1,617)
Reduction defect, lower limbs	1.91	(1.75–2.09)	1.90	(1.73–2.07)	763	(695–831)
Gastroschisis	3.82	(3.59–4.07)	3.73	(3.49–3.97)	1,497	(1,402–1,592)
Omphalocele	2.07	(1.90–2.25)	2.09	(1.91–2.27)	839	(769–909)
Diaphragmatic hernia	2.92	(2.72–3.13)	2.94	(2.73–3.15)	1,179	(1,095–1,262)
Chromosomal defects						
Down syndrome (trisomy 21)	12.94	(12.51–13.39)	13.65	(13.19–14.12)	5,429	(5,245–5,613)
Trisomy 13	1.31	(1.17–1.45)	1.33	(1.18–1.47)	528	(471–585)
Trisomy 18	2.29	(2.11–2.48)	2.41	(2.22–2.61)	959	(881–1,037)

* Per 10,000 live births.
† Infants with more than one major structural birth defect were included in more than one defect group.
§ National estimates for all defects were based on the average prevalence from the 11 states and adjusted for race-specific distribution of U.S. live births during 1999–2001 (all defects except Down syndrome, trisomy 13, and trisomy 18) or adjusted for maternal age (Down syndrome, trisomy 13, and trisomy 18).
¶ Average prevalence is a pooled estimate from Alabama, Arkansas, California, Georgia, Hawaii, Iowa, Massachusetts, North Carolina, Oklahoma, Texas, and Utah.
** Confidence interval.

included in this report vary in the extent to which prenatally diagnosed birth defects are ascertained by the surveillance system; four states routinely visit prenatal diagnostic centers to ascertain cases, four states obtain some prenatal data from sources such as genetics laboratories, and three states do not include cases of <20 weeks' gestation that were ascertained from specialized sources for prenatal ascertainment.

Race/ethnicity-specific prevalence estimates were calculated for non-Hispanic white, non-Hispanic black, Hispanic, and "other" populations on the basis of pooled data from the 11 states. To estimate the national prevalence, the pooled race/ethnicity-specific estimates were applied to the racial/ethnic distribution of all live births in the United States during 1999–2001 (*5*). Because of the strong association between maternal age and chromosomal defects, maternal age-specific prevalence estimates were calculated for Down syndrome, trisomy 13, and trisomy 18, and the national estimates for these defects were adjusted for maternal age (<35 years and ≥35 years) instead of race/ethnicity (*6*). Using the national prevalence estimates, the annual number of U.S. births affected by these selected major defects was calculated. By convention, infants with more than one defect were counted in each category in which they had a defect.

The average prevalence ranged from 0.82 per 10,000 live births for truncus arteriosus to 12.94 for Down syndrome. Most estimates clustered near the 11-state average estimate; however, variation was observed between states for each defect. For example, hypoplastic left heart syndrome ranged from 1.16 per 10,000 live births in the state with the lowest prevalence to 3.75 in the state with the highest prevalence; cleft palate ranged from 3.89 per 10,000 live births in the state with the lowest prevalence to 9.65 in the state with the highest prevalence. Variation might have occurred for several reasons, including 1) differences in surveillance ascertainment methods, 2) differences in maternal risk factors, such as smoking or nutrition during pregnancy, 3) differences in the racial/ethnic composition of the population for defects that vary by race/ethnicity, 4) differences between urban and rural settings

in either environmental exposures or access to health care, and 5) variation attributed to chance. Adjusted for the racial/ethnic distribution (or maternal age for the three chromosomal defects) of live births in the United States during 1999–2001, the estimated national prevalence was highest for orofacial clefts combined (cleft lip with or without cleft palate and cleft palate only), followed by Down syndrome, rectal and large intestinal atresia/stenosis, individual heart defects (transposition of the great arteries, atrioventricular septal defect, and tetralogy of Fallot), and reduction defects of the upper limbs (Table). For the defects selected for this analysis, the pooled estimates for the 11 states were similar to the national estimates, which were adjusted for race/ethnicity or maternal age.

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Editorial Note: This report documents substantial progress towards improved national prevalence estimates for 18 selected major birth defects using population-based active birth defects surveillance data. These estimates are important to 1) plan for health-care and education needs of the U.S. population, 2) identify increased occurrences of birth defects in specific geographic regions by making comparisons between local and national prevalence estimates, 3) serve as a reference point for assessment of state surveillance systems, 4) evaluate national public health interventions, such as folic acid fortification of cereal and grain products, 5) compare U.S. prevalence estimates with those of other countries, and 6) help determine the appropriate allocation of resources for basic and public health research. Although variation in the prevalence of defects between states has been documented previously (*7*), national estimates have been made only for the prevalence of neural tube defects (*4*). The population-based estimates in this report represent an improvement over the hospital-based estimates from BDMP (*2*) because the source population for the denominator is defined on the basis of maternal residence at delivery. Typically, hospital-based estimates cannot determine the geographic region in which patients reside, nor can they indicate who would seek care for a major defect at a particular health-care facility.

These estimates help quantify the public health importance of these defects and can help improve the planning of services for affected children and their families (e.g., the need for specific clinical specialists or multi-specialty clinics). Children affected by certain birth defects could benefit from the availability of multi-specialty clinics to address the coordination of multiple needs and continuity of ongoing care in one setting. For example, a child with a cleft palate might require care from multiple specialists, including a plastic surgeon, an ear/nose/throat physician, a speech therapist, and an orthodontist. Because not all states have birth defects surveillance systems, the national prevalence estimates can be used by states to estimate prevalence in their states and to assess health services and special education programs. States can also use the national estimates to evaluate and improve their existing birth defects surveillance programs and ensure that affected children are referred to the appropriate services. As of November 2004, a total of 26 states with birth defects surveillance programs had systems in place to ensure that children identified by the program were referred to early intervention services.

NBDPN's efforts to improve the uniformity of case definitions and data collection and to allow a mechanism for pooling data make analyses such as these possible. The 11 states pooled for these estimates represent approximately 22% of all U.S. live births. The racial/ethnic distribution of the 11 states overrepresented Hispanic births in comparison with the total U.S. population (28% versus 20%); however, the pooled estimates were similar to the national estimates when adjusted for race/ethnicity. This similarity is attributable, in part, to the limited variation in the occurrence of most major structural birth defects by race/ethnicity (*8*).

The findings in this report are subject to at least five limitations. First, no attempt has been made to determine the severity within each type of birth defect, which limits the utility of these data for health-care planning. For example, certain orofacial clefts, such as a small unilateral cleft lip, might only require a simple one-stage repair, whereas others might require repeated surgeries. Second, this analysis could not separate infants with isolated defects from those with more than one major defect or those with a recognized syndrome. Third, although the distribution of state-specific prevalence estimates was narrow, determining how much of the variation is attributable to ascertainment differences and how much is attributable to true differences in prevalence is not possible. The prevalence of some of the defects is influenced by the sources of prenatal diagnoses used by the surveillance systems, and this varies across the 11 states included in the analysis, with most of the systems relying primarily on hospital-based sources for case-finding. The previous national estimate for neural tube defects was stratified by the presence or absence of prenatal

ascertainment because the estimates for these two defects are affected by the ascertainment of prenatally diagnosed cases. The estimated number of spina bifida and anencephaly cases each year in the United States was estimated at 1,640 and 1,380, respectively, using systems with prenatal ascertainment, compared with 1,340 and 840, respectively, using systems without prenatal ascertainment. This stratification was not performed for this analysis because none of the 18 selected defects are affected by the presence or absence of prenatal ascertainment to the same extent as neural tube defects. For this reason, the findings in this report represent a conservative estimate of the number of cases each year nationwide by using the data from all 11 states in the estimates for the 18 selected major defects; the estimates for several defects would be higher if based only on systems that include prenatal sources of ascertainment. Fourth, these national estimates represent minimum estimates for the impact of these defects, because even those surveillance systems with active case-finding do not achieve 100% ascertainment. Finally, some of the most common birth defects (e.g., muscular ventricular septal defects) are not included among the selected defects because identification of these defects depends on referral patterns and access to and use of diagnostic procedures such as high-resolution color echocardiography, which are likely to vary by region (*9*).

Accurate national prevalence estimates of major birth defects are essential because birth defects are the leading cause of infant mortality and a major contributor to childhood morbidity (*1,10*). This report represents progress in estimating the number of children born affected by these 18 major birth defects each year in the United States; nonetheless, continued improvement can be achieved by 1) enhancing completeness of ascertainment, 2) increasing the consistency of methods among birth defects surveillance systems, and 3) expanding the number of major birth defects for which reliable and valid estimates of national prevalence can be made.

Acknowledgments

This report is based on data submitted to the Data Committee of the National Birth Defects Prevention Network by Alabama, Arkansas, California, CDC (Georgia), Hawaii, Iowa, Massachusetts, North Carolina, Oklahoma, Texas, and Utah. This report is also based on contributions by GM Shaw, California Birth Defects Monitoring Program, Berkeley, California; S Viner Brown, Rhode Island Birth Defects Surveillance Program; B McDowell, WT Budelier, Iowa Registry for Congenital and Inherited Disorders, Iowa City; RE Stevenson, MD, Greenwood Genetic Center, Greenwood, South Carolina.

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Update: Influenza Activity — United States, December 18–24, 2005

During December 18–24, 2005,* the number of states reporting widespread influenza activity† increased to four. Four states reported regional activity, five reported local activity, and 31 reported sporadic activity (Figure 1).§

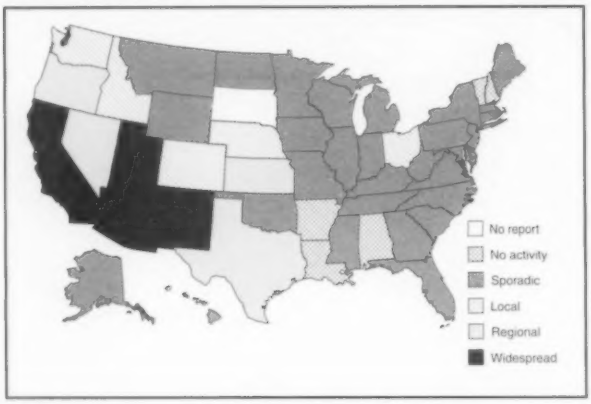
The percentage of specimens testing positive for influenza increased in the United States overall. Since October 2, 2005, the largest numbers of specimens testing positive for influenza have been reported from the Mountain (309 positives)

* Provisional data reported as of December 30. Additional information about influenza activity is updated each Friday and is available from CDC at http://www.cdc.gov/flu.

† Levels of activity are 1) *widespread:* outbreaks of influenza or increases in influenza-like illness (ILI) cases and recent laboratory-confirmed influenza in at least half the regions of a state; 2) *regional:* outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in at least two but less than half the regions of a state; 3) *local:* outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in a single region of a state; 4) *sporadic:* small numbers of laboratory-confirmed influenza cases or a single influenza outbreak reported but no increase in cases of ILI; and 5) *no activity.*

§ *Widespread:* Arizona, California, New Mexico, and Utah; *regional:* Kansas, Nevada, Oregon, and Texas; *local:* Colorado, Idaho, Nebraska, Ohio, and Washington; *sporadic:* Alaska, Connecticut, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, New Jersey, New York, North Carolina, North Dakota, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Tennessee, Virginia, West Virginia, Wisconsin, and Wyoming ; *no activity:* Alabama, Arkansas, Louisiana, New Hampshire, and Vermont; *no report:* South Dakota.

FIGURE 1. Estimated influenza activity levels reported by state epidemiologists, by state and level of activity* — United States, December 18–24, 2005



* Levels of activity are 1) *widespread:* outbreaks of influenza or increases in influenza-like illness (ILI) cases and recent laboratory-confirmed influenza in at least half the regions of a state; 2) *regional:* outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in at least two but less than half the regions of a state; 3) *local:* outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in a single region of a state; 4) *sporadic:* small numbers of laboratory-confirmed influenza cases or a single influenza outbreak reported but no increase in cases of ILI; and 5) *no activity.*

and Pacific (171) regions, accounting for 44.8% and 24.8%, respectively, of positive tests reported during the 2005–06 influenza season. The percentage of outpatient visits for influenza-like illness (ILI)[¶] increased during the week ending December 24 and is above the national baseline.[**] The percentage of deaths attributed to pneumonia and influenza (P&I) was below the epidemic threshold for the week ending December 24.

Laboratory Surveillance

During December 18–24, World Health Organization (WHO) collaborating laboratories and National Respiratory and Enteric Virus Surveillance System (NREVSS) laboratories in the United States reported testing 1,147 specimens for influenza viruses, of which 155 (13.5%) were positive. Of these, 94 were influenza A (H3N2) viruses, 60 were other influenza A viruses, and one was an influenza B virus.

Since October 2, 2005, WHO and NREVSS laboratories have tested 27,694 specimens for influenza viruses, of which 690 (2.5%) were positive. Of these, 655 (94.9%) were influenza A viruses, and 35 (5.1%) were influenza B viruses. Of the 655 influenza A viruses, 431 (65.8%) have been subtyped; 427 (99.1%) were influenza A (H3N2) viruses, and four (0.9%) were influenza A (H1N1) viruses.

P&I Mortality and ILI Surveillance

During the week ending December 24, P&I accounted for 7.0% of all deaths reported through the 122 Cities Mortality Reporting System. This percentage is below the epidemic threshold[††] of 7.8% (Figure 2).

The percentage of patient visits for ILI was 3.1%, which is above the national baseline of 2.2% (Figure 3). The percentage of patient visits for ILI increased in eight surveillance regions and ranged from 0.9% in the West North Central region to 6.3% in the West South Central region.

Pediatric Deaths and Hospitalizations

During October 2–December 24, CDC received reports of five influenza-associated deaths in U.S. residents aged <18 years. Two of the deaths occurred during the 2004–05 influenza season.

During October 1–December 10, the preliminary influenza-associated hospitalization rate for children aged ≤4 years reported by the Emerging Infections Program was 0.07 per 10,000. No influenza-associated hospitalizations were reported for children aged 5–17 years. During October 30–December 10, the New Vaccine Surveillance Network reported no laboratory-confirmed influenza-associated hospitalizations among children aged ≤4 years.

Human Cases of Avian Influenza A (H5N1)

No human case of avian influenza A (H5N1) virus infection has ever been identified in the United States. From December 2003 through December 30, 2005, a total of 142 laboratory-confirmed human cases of avian influenza A (H5N1) infections were reported to WHO.[§§] Of these, 74 (52%) were fatal (Table). All cases were reported from five countries in Asia (Cambodia, China, Indonesia, Thailand, and

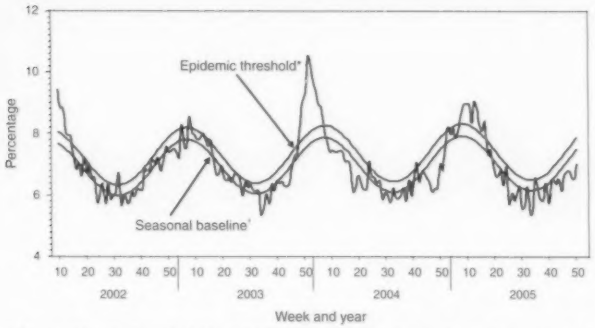
[¶] Temperature of ≥100.0°F (≥37.8°C) and cough and/or sore throat in the absence of a known cause other than influenza.

[**] The national baseline was calculated as the mean percentage of visits for ILI during noninfluenza weeks for the preceding three seasons, plus two standard deviations. Noninfluenza weeks are those in which <10% of laboratory specimens are positive for influenza. Wide variability in regional data precludes calculating region-specific baselines; therefore, applying the national baseline to regional data is inappropriate.

[††] The expected seasonal baseline proportion of P&I deaths reported by the 122 Cities Mortality Reporting System is projected using a robust regression procedure in which a periodic regression model is applied to the observed percentage of deaths from P&I that occurred during the preceding 5 years. The epidemic threshold is 1.645 standard deviations above the seasonal baseline.

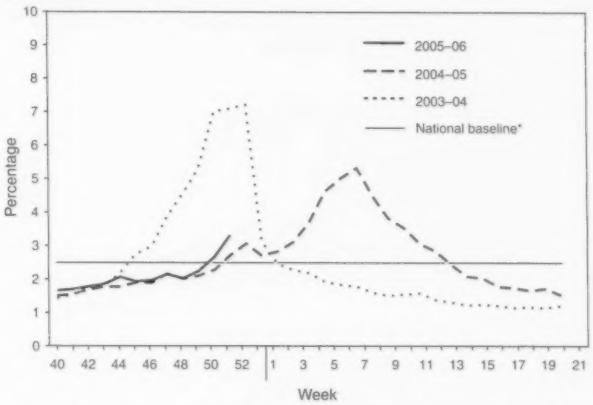
[§§] Available at http://www.who.int/csr/disease/avian_influenza/en.

FIGURE 2. Percentage of deaths attributed to pneumonia and influenza (P&I) reported by the 122 Cities Mortality Reporting System, by week and year — United States, 2002–2005



* The epidemic threshold is 1.645 standard deviations above the seasonal baseline percentage.
† The seasonal baseline is projected using a robust regression procedure that applies a periodic regression model to the observed percentage of deaths from P&I during the preceding 5 years.

FIGURE 3. Percentage of visits for influenza-like illness (ILI) reported by the Sentinel Provider Surveillance Network, by week — United States, 2003–04, 2004–05, and 2005–06 influenza seasons



* The national baseline was calculated as the mean percentage of visits for ILI during noninfluenza weeks for the preceding three seasons, plus two standard deviations. Noninfluenza weeks are those in which <10% of laboratory specimens are positive for influenza. Wide variability in regional data precludes calculating region-specific baselines; therefore, applying the national baseline to regional data is inappropriate.

Viet Nam). The majority of cases appear to have been acquired from direct contact with infected poultry. No evidence of sustained human-to-human transmission of H5N1 has been detected, although rare cases of human-to-human transmission likely have occurred (*1*).

Reference

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TABLE. Number of laboratory-confirmed human cases of avian influenza A (H5N1) infection reported to the World Health Organization — worldwide, January 2004–December 2005

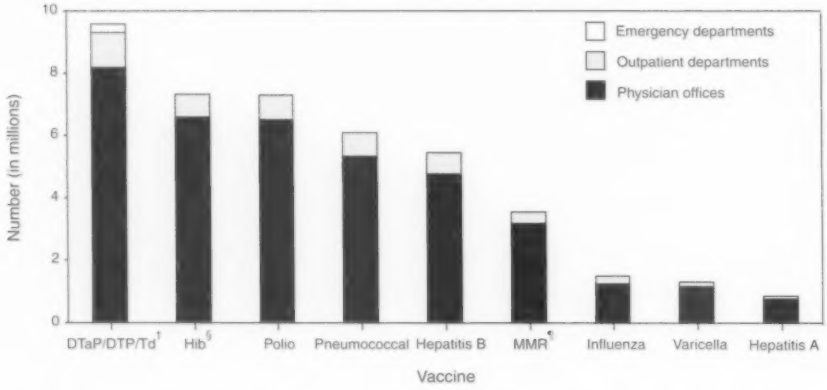
	Cambodia		China		Indonesia		Thailand		Viet Nam		Total	
Year of onset	No.	Deaths	No.	Deaths	No.	Deaths	No.	Deaths	No.	Deaths	No.	Deaths
2003	0	0	0	0	0	0	0	0	3	3	**3**	**3**
2004	0	0	0	0	0	0	17	12	29	20	**46**	**32**
2005	4	4	7	3	16	11	5	2	61	19	**93**	**39**
Total	**4**	**4**	**7**	**3**	**16**	**11**	**22**	**14**	**93**	**42**	**142**	**74**

* As of December 30, 2005.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Number of Vaccine Doses* Provided or Prescribed for Patients Aged <18 Years, by Vaccine and Setting — United States, 2002–2003

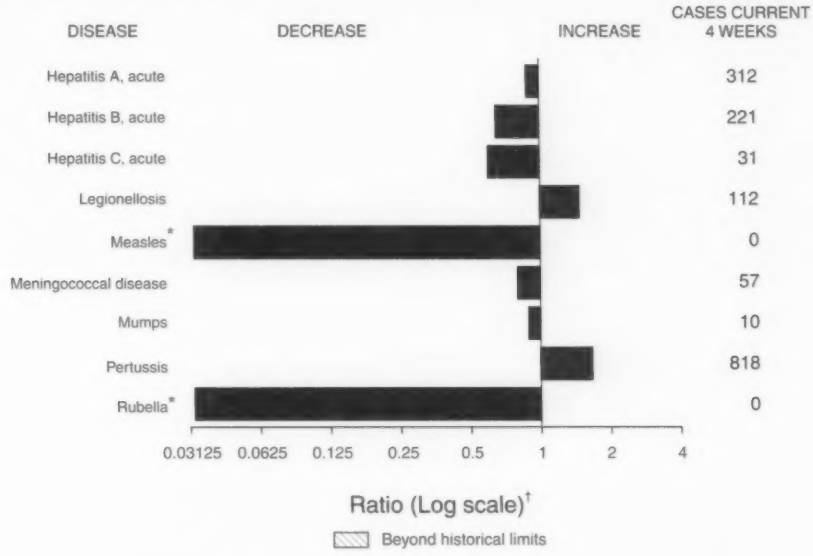


* Vaccines are from the Advisory Committee on Immunization Practices recommended childhood and adolescent immunization schedule.
† DTaP: diphtheria and tetanus toxoids and acellular pertussis vaccine; DTP: diphtheria and tetanus toxoids and pertussis vaccine; Td: tetanus and diphtheria toxoids.
§ *Haemophilus influenzae* type b conjugate vaccine.
¶ Measles, mumps, and rubella vaccine.

Childhood vaccines primarily are administered in physician offices. During 2002–2003, vaccines were administered during 1% of emergency department visits made by children aged <18 years; the majority of vaccines administered in emergency departments were tetanus related. In hospital outpatient departments, vaccines were administered during 9% of visits made by children aged <18 years.

SOURCE: National Hospital Ambulatory Medical Care Survey and National Ambulatory Medical Care Survey, 2002–2003. Available at http://www.cdc.gov/nchs/about/major/ahcd/ahcd1.htm.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals December 24, 2005, with historical data



* No measles or rubella cases were reported for the current 4-week period yielding a ratio for week 51 of zero (0).
† Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

TABLE I. Summary of provisional cases of selected notifiable diseases, United States, cumulative, week ending December 24, 2005 (51st Week)*

Disease	Cum. 2005	Cum. 2004	Disease	Cum. 2005	Cum. 2004
Anthrax	—	—	Hemolytic uremic syndrome, postdiarrheal†	173	175
Botulism:			HIV infection, pediatric†¶	255	355
foodborne	15	16	Influenza-associated pediatric mortality†**	49	—
infant	78	86	Measles	62††	28§§
other (wound & unspecified)	27	22	Mumps	262	239
Brucellosis	104	101	Plague	7	3
Chancroid	25	30	Poliomyelitis, paralytic	1	—
Cholera	6	4	Psittacosis†	21	11
Cyclosporiasis†	731	207	Q fever†	138	64
Diphtheria	—	—	Rabies, human	2	7
Domestic arboviral diseases			Rubella	17	10
(neuroinvasive & non-neuroinvasive):	—	—	Rubella, congenital syndrome	1	—
California serogroup†§	65	116	SARS†**	—	—
eastern equine†§	21	6	Smallpox†	—	—
Powassan†§	—	1	*Staphylococcus aureus*:		
St. Louis†§	9	13	Vancomycin-intermediate (VISA)†	1	—
western equine†§	—	—	Vancomycin-resistant (VRSA)†	—	1
Ehrlichiosis:	—	—	Streptococcal toxic-shock syndrome†	104	128
human granulocytic (HGE)†	662	455	Tetanus	19	27
human monocytic (HME)†	459	304	Toxic-shock syndrome	96	89
human, other and unspecified †	85	66	Trichinellosis¶¶	17	5
Hansen disease†	83	101	Tularemia†	133	120
Hantavirus pulmonary syndrome†	22	22	Yellow fever	—	—

—: No reported cases.
* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).
† Not notifiable in all states.
§ Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases (ArboNet Surveillance).
¶ Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention. Last update December 3, 2005.
** Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases. Of the 49 cases reported, five were reported since October 2, 2005 (40th Week). Of these five, only three occurrred during the current 2005–2006 season.
†† Of 62 cases reported, 51 were indigenous and 11 were imported from another country.
§§ Of 28 cases reported, 10 were indigenous and 18 were imported from another country.
¶¶ Formerly Trichinosis.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending December 24, 2005, and December 25, 2004 (51st Week)*

Reporting area	AIDS		Chlamydia†		Coccidioidomycosis		Cryptosporidiosis	
	Cum. 2005§	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	30,568	40,725	894,839	902,089	5,017	6,013	7,401	3,513
NEW ENGLAND	1,141	1,327	30,767	29,488	—	—	329	165
Maine	19	48	2,213	2,068	N	N	26	20
N.H.	26	42	1,809	1,706	—	—	35	30
Vt.¶	7	16	916	1,115	—	—	39	25
Mass.	561	451	14,028	13,080	—	—	138	59
R.I.	105	132	3,103	3,365	—	—	13	4
Conn.	423	638	8,698	8,154	N	N	78	27
MID. ATLANTIC	6,597	10,045	113,840	110,565	—	—	3,463	567
Upstate N.Y.	891	1,986	23,107	22,574	N	N	2,998	178
N.Y. City	3,522	4,875	36,674	33,492	—	—	131	136
N.J.	956	1,766	17,480	17,254	N	N	65	46
Pa.	1,228	1,418	36,579	37,245	N	N	269	207
E.N. CENTRAL	2,929	3,217	150,181	159,173	11	14	1,464	1,033
Ohio	518	585	39,843	38,962	N	N	770	221
Ind.	348	389	18,976	18,137	N	N	83	75
Ill.	1,504	1,476	45,222	46,586	—	—	145	157
Mich.	439	612	28,305	36,563	11	14	108	156
Wis.	120	155	17,835	18,925	N	N	358	424
W.N. CENTRAL	690	801	54,658	55,794	5	6	580	413
Minn.	176	216	10,116	11,453	3	N	148	133
Iowa	72	63	7,096	6,827	N	N	108	88
Mo.	299	323	21,909	20,864	1	3	247	77
N. Dak.	9	17	1,174	1,735	N	N	1	12
S. Dak.	13	11	2,618	2,494	—	—	30	43
Nebr.¶	27	58	4,891	5,091	1	3	9	29
Kans.	94	113	6,854	7,330	N	N	37	31
S. ATLANTIC	9,183	12,273	166,156	168,633	2	—	730	517
Del.	134	157	3,343	2,918	N	N	6	—
Md.	1,370	1,449	17,934	19,351	2	—	41	25
D.C.	474	990	3,660	3,440	—	—	18	15
Va.¶	441	613	19,501	21,284	—	—	66	58
W. Va.	51	89	2,635	2,723	N	N	17	6
N.C.	636	1,126	29,812	28,846	N	N	92	76
S.C.¶	413	745	19,357	18,215	—	—	19	23
Ga.	1,701	1,508	28,184	30,381	—	—	126	176
Fla.	3,963	5,596	41,730	41,475	N	N	345	138
E.S. CENTRAL	1,546	1,884	66,728	60,444	—	5	212	148
Ky.	198	217	8,165	6,392	N	N	146	45
Tenn.¶	675	774	23,208	22,515	N	N	40	48
Ala.¶	385	464	15,520	13,142	—	—	22	25
Miss.	288	429	19,835	18,395	—	5	4	30
W.S. CENTRAL	3,543	4,684	102,053	108,501	2	3	183	137
Ark.	173	185	8,368	7,804	—	1	6	16
La.	650	1,004	14,677	21,438	2	2	82	7
Okla.	229	195	10,201	10,257	N	N	43	22
Tex.¶	2,491	3,300	68,807	69,002	N	N	52	92
MOUNTAIN	1,172	1,393	51,037	55,894	3,450	3,626	135	170
Mont.	15	7	2,089	2,492	N	N	23	34
Idaho¶	15	19	2,674	2,748	N	N	15	28
Wyo.	3	16	1,133	1,066	3	2	3	4
Colo.	260	294	12,535	13,969	N	N	49	59
N. Mex.	115	182	5,502	8,839	14	22	11	20
Ariz.	473	508	17,198	16,463	3,392	3,517	11	17
Utah	55	64	4,239	3,741	9	25	14	6
Nev.¶	236	303	5,667	6,576	32	60	9	2
PACIFIC	3,767	5,101	159,419	153,597	1,547	2,359	305	363
Wash.	352	367	18,137	17,273	N	N	48	46
Oreg.¶	193	277	8,864	8,405	—	—	67	31
Calif.	3,105	4,274	123,523	118,869	1,547	2,359	186	284
Alaska	25	48	3,763	3,814	—	—	3	—
Hawaii	92	135	5,132	5,236	—	—	1	2
Guam	2	1	—	803	—	—	—	—
P.R.	814	636	3,659	3,551	N	N	N	N
V.I.	10	19	196	335	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	2	U	—	U	—	U	—	U

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.

* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

† Chlamydia refers to genital infections caused by *C. trachomatis*.

§ Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention. Last update December 3, 2005.

¶ Contains data reported through National Electronic Disease Surveillance System (NEDSS).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending December 24, 2005, and December 25, 2004 (51st Week)*

Reporting area	*Escherichia coli*, Enterohemorrhagic (EHEC)						Giardiasis		Gonorrhea	
	O157:H7		Shiga toxin positive, serogroup non-O157		Shiga toxin positive, not serogrouped					
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	2,393	2,470	354	298	319	299	17,592	19,393	310,307	320,083
NEW ENGLAND	161	165	56	44	25	16	1,592	1,731	5,560	6,689
Maine	15	15	12	1	—	—	199	150	140	210
N.H.	14	23	2	5	—	—	55	46	176	131
Vt.	15	13	5	—	—	—	182	168	58	85
Mass.	63	72	12	14	25	16	680	776	2,500	3,022
R.I.	7	13	—	1	—	—	107	122	429	809
Conn.	47	29	25	23	—	—	369	469	2,257	2,432
MID. ATLANTIC	301	290	43	66	35	39	3,316	3,966	33,063	35,510
Upstate N.Y.	136	121	22	44	12	20	1,213	1,381	6,844	7,197
N.Y. City	15	35	—	—	—	—	836	1,071	9,953	10,729
N.J.	51	59	5	6	12	6	413	501	5,289	6,610
Pa.	99	75	16	16	11	13	854	1,013	10,977	10,974
E.N. CENTRAL	467	470	35	47	20	32	2,754	3,247	61,617	67,629
Ohio	148	98	11	9	10	18	799	793	18,918	20,297
Ind.	71	52	—	—	—	—	N	N	7,635	6,751
Ill.	47	107	1	7	1	[illegible]	608	796	18,408	20,356
Mich.	80	86	2	11	8	6	757	714	11,517	15,250
Wis.	121	127	21	20	1	—	590	944	5,139	4,975
W.N. CENTRAL	409	479	39	40	64	23	2,191	2,124	17,654	17,148
Minn.	132	108	24	15	36	5	1,008	797	2,903	2,896
Iowa	96	119	—	—	—	—	270	300	1,556	1,227
Mo.	75	98	9	19	13	7	500	556	9,251	9,030
N. Dak.	7	14	—	—	1	7	17	24	[illegible]	109
S. Dak.	26	33	3	2	—	—	113	80	340	298
Nebr.	30	64	3	4	4	—	85	150	1,104	1,101
Kans.	43	43	—	—	10	4	198	217	2,402	2,487
S. ATLANTIC	214	179	89	35	122	161	2,523	2,950	73,439	76,726
Del.	9	3	N	N	N	N	58	47	895	880
Md.	32	23	32	6	11	4	194	152	6,933	8,082
D.C.	2	1	—	—	—	—	54	70	2,109	2,536
Va.	47	39	34	18	20	—	538	519	7,254	8,419
W. Va.	3	3	1	—	1	—	51	48	737	879
N.C.	—	—	—	—	64	150	N	N	14,300	15,146
S.C.	7	13	1	—	3	—	97	124	8,650	9,093
Ga.	30	23	17	7	—	—	557	895	13,194	13,648
Fla.	84	74	4	4	23	7	974	1,095	19,367	18,043
E.S. CENTRAL	130	117	10	5	34	15	410	417	26,899	26,266
Ky.	47	30	7	1	23	9	N	N	2,871	2,731
Tenn.	47	41	2	2	11	6	208	230	8,630	8,475
Ala.	29	31	—	—	—	—	202	187	8,711	8,066
Miss.	7	15	1	2	—	—	—	—	6,687	6,994
W.S. CENTRAL	53	88	14	4	9	13	306	329	41,653	42,764
Ark.	10	18	—	—	—	—	81	123	4,438	4,108
La.	4	4	11	1	3	3	56	55	8,279	10,336
Okla.	24	21	2	—	2	4	169	151	4,091	4,384
Tex.	15	45	1	3	4	6	N	N	24,845	23,936
MOUNTAIN	213	243	58	55	10	—	1,456	1,536	10,949	12,133
Mont.	16	16	—	—	—	—	79	81	126	81
Idaho	29	57	13	17	7	—	151	202	115	101
Wyo.	8	9	2	7	—	—	28	26	[illegible]	59
Colo.	66	51	3	1	1	—	516	511	2,810	3,016
N. Mex.	13	10	10	9	—	—	85	73	1,065	1,277
Ariz.	33	27	N	N	N	N	151	170	3,862	4,002
Utah	38	46	28	20	—	—	397	344	677	579
Nev.	10	27	2	1	2	—	49	129	2,212	3,018
PACIFIC	445	439	10	2	—	—	3,044	3,093	39,473	35,218
Wash.	115	142	—	—	—	—	352	386	3,659	2,727
Oreg.	151	68	10	2	—	—	382	435	1,536	1,269
Calif.	154	217	—	—	—	—	2,150	2,094	32,786	29,499
Alaska	12	2	—	—	—	—	99	99	520	547
Hawaii	13	10	—	—	—	—	61	79	972	1,176
Guam	N	N	—	—	—	—	—	5	—	125
P.R.	2	4	—	—	—	—	206	281	341	267
V.I.	—	—	—	—	—	—	—	—	45	87
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U	—	U

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.
* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending December 24, 2005, and December 25, 2004 (51st Week)*

Reporting area	*Haemophilus influenzae*, invasive							
	All ages		Age <5 years					
	All serotypes		Serotype b		Non-serotype b		Unknown serotype	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	1,994	1,949	6	14	107	117	189	166
NEW ENGLAND	151	178	—	1	10	10	5	2
Maine	8	13	—	—	—	—	1	—
N.H.	8	19	—	—	—	2	—	1
Vt.	9	8	—	—	—	—	2	1
Mass.	72	80	—	1	3	4	1	—
R.I.	7	6	—	—	2	1	—	—
Conn.	47	52	—	—	5	3	1	—
MID. ATLANTIC	424	409	1	2	1	5	43	39
Upstate N.Y.	122	128	1	2	—	5	9	6
N.Y. City	73	85	—	—	—	—	13	17
N.J.	93	81	—	—	—	—	11	3
Pa.	136	115	—	—	1	—	10	13
E.N. CENTRAL	292	372	1	2	6	8	21	48
Ohio	109	106	—	1	—	2	10	16
Ind.	66	54	—	—	6	4	—	1
Ill.	68	129	—	—	—	—	8	21
Mich.	23	22	1	1	—	2	2	4
Wis.	26	61	—	—	—	—	1	6
W.N. CENTRAL	110	106	—	2	3	4	11	11
Minn.	44	45	—	1	3	4	3	1
Iowa	1	1	—	1	—	—	—	—
Mo.	35	41	—	—	—	—	6	7
N. Dak.	4	5	—	—	—	—	1	—
S. Dak.	—	—	—	—	—	—	—	—
Nebr.	10	6	—	—	—	—	1	2
Kans.	16	8	—	—	—	—	—	1
S. ATLANTIC	478	435	1	1	33	29	30	27
Del.	—	—	—	—	—	—	—	—
Md.	71	70	—	—	5	7	—	—
D.C.	—	3	—	—	—	—	—	1
Va.	46	45	—	—	—	—	2	5
W. Va.	27	18	—	—	6	4	1	—
N.C.	74	62	1	1	8	7	—	1
S.C.	33	13	—	—	—	—	3	1
Ga.	95	114	—	—	—	—	16	18
Fla.	132	110	—	—	14	11	8	1
E.S. CENTRAL	104	82	—	1	1	2	19	12
Ky.	8	13	—	—	1	2	2	1
Tenn.	78	53	—	—	—	—	13	9
Ala.	18	14	—	1	—	—	4	2
Miss.	—	2	—	—	—	—	—	—
W.S. CENTRAL	102	85	1	1	8	10	8	1
Ark.	5	2	—	—	1	1	—	—
La.	33	19	1	—	2	—	8	1
Okla.	60	63	—	—	5	9	—	—
Tex.	4	1	—	1	—	—	—	—
MOUNTAIN	209	181	1	4	15	28	35	19
Mont.	—	—	—	—	—	—	—	—
Idaho	5	5	—	—	—	—	—	2
Wyo.	6	1	—	—	—	1	1	—
Colo.	41	44	—	—	1	—	9	5
N. Mex.	24	39	1	1	4	8	2	6
Ariz.	98	61	—	—	7	13	12	2
Utah	21	18	—	2	1	3	8	3
Nev.	14	13	—	1	2	3	3	1
PACIFIC	124	101	1	—	30	21	17	7
Wash.	4	1	—	—	—	—	3	1
Oreg.	29	45	—	—	—	—	5	3
Calif.	55	40	1	—	30	21	3	1
Alaska	26	6	—	—	—	—	6	1
Hawaii	10	9	—	—	—	—	—	1
Guam	—	—	—	—	—	—	—	—
P.R.	4	2	—	—	—	—	2	2
V.I.	—	—	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.
* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending December 24, 2005, and December 25, 2004 (51st Week)*

Reporting area	Hepatitis (viral, acute), by type					
	A		B		C	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	4,174	5,715	5,409	6,125	695	809
NEW ENGLAND	501	999	279	378	22	18
Maine	5	13	12	7	—	—
N.H.	78	25	28	36	—	—
Vt.	6	8	5	6	15	8
Mass.	348	860	203	215	1	8
R.I.	15	23	3	6	—	—
Conn.	49	70	28	108	6	2
MID. ATLANTIC	678	801	1,063	758	103	143
Upstate N.Y.	105	112	97	81	21	13
N.Y. City	284	346	123	161	—	—
N.J.	193	186	628	211	—	—
Pa.	96	157	215	305	82	130
E.N. CENTRAL	357	514	527	534	142	118
Ohio	51	50	130	114	9	6
Ind.	54	57	56	43	24	10
Ill.	91	144	132	87	—	18
Mich.	126	145	175	249	109	84
Wis.	35	118	34	41	—	—
W.N. CENTRAL	119	156	254	315	18	24
Minn.	34	32	29	47	8	18
Iowa	21	49	27	15	—	—
Mo.	39	34	144	186	8	3
N. Dak.	—	2	—	4	1	2
S. Dak.	1	4	4	1	—	—
Nebr.	8	13	21	44	1	1
Kans.	16	22	29	18	—	—
S. ATLANTIC	691	993	1,340	1,849	146	208
Del.	5	5	47	53	7	48
Md.	78	102	154	155	22	17
D.C.	6	7	12	19	—	4
Va.	79	127	131	274	13	13
W. Va.	6	6	45	40	21	23
N.C.	84	102	167	182	21	11
S.C.	39	42	135	144	4	15
Ga.	108	317	149	467	9	17
Fla.	286	284	500	515	49	60
E.S. CENTRAL	228	158	336	488	81	95
Ky.	24	30	62	73	15	24
Tenn.	147	95	131	233	17	34
Ala.	36	10	85	81	14	5
Miss.	21	23	58	101	35	32
W.S. CENTRAL	248	657	545	674	92	109
Ark.	18	60	49	114	1	3
La.	64	50	70	67	16	3
Okla.	5	20	42	72	7	3
Tex.	161	527	384	421	68	100
MOUNTAIN	363	427	548	497	46	47
Mont.	10	8	3	1	1	2
Idaho	22	20	14	11	1	1
Wyo.	—	5	2	9	1	2
Colo.	47	53	56	58	24	17
N. Mex.	25	24	12	18	1	U
Ariz.	228	264	389	276	—	5
Utah	21	36	44	51	9	5
Nev.	10	17	28	73	9	15
PACIFIC	989	1,010	517	632	45	47
Wash.	49	60	64	52	U	U
Oreg.	43	66	101	112	18	16
Calif.	869	853	340	446	26	29
Alaska	4	4	7	11	—	—
Hawaii	24	27	5	11	1	2
Guam	—	1	—	12	—	9
P.R.	58	47	48	79	—	—
V.I.	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.
* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending December 24, 2005, and December 25, 2004 (51st Week)*

Reporting area	Legionellosis		Listeriosis		Lyme disease		Malaria	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	1,998	2,001	784	717	20,846	18,244	1,233	1,388
NEW ENGLAND	125	95	56	52	2,831	3,232	68	88
Maine	6	1	3	8	226	29	4	7
N.H.	8	11	9	4	220	207	5	5
Vt.	11	6	2	2	49	50	3	4
Mass.	46	44	16	18	1,185	1,525	33	50
R.I.	19	18	6	2	32	238	2	7
Conn.	35	15	20	18	1,119	1,183	21	15
MID. ATLANTIC	714	552	198	171	13,082	11,054	329	375
Upstate N.Y.	215	115	61	50	4,031	4,063	52	54
N.Y. City	98	71	38	25	—	354	169	205
N.J.	107	96	35	37	3,602	2,680	73	71
Pa.	294	270	64	59	5,449	3,957	35	45
E.N. CENTRAL	374	480	83	117	1,429	1,329	101	125
Ohio	200	218	35	40	60	50	28	30
Ind.	27	46	6	18	34	29	5	16
Ill.	15	54	2	24	—	87	33	44
Mich.	114	137	29	26	60	27	22	21
Wis.	18	25	11	9	1,275	1,136	13	14
W.N. CENTRAL	97	66	41	22	955	763	45	65
Minn.	29	7	15	5	839	676	11	24
Iowa	6	8	8	3	90	49	8	4
Mo.	34	33	5	8	19	26	18	20
N. Dak.	2	2	4	2	—	—	—	3
S. Dak.	21	5	—	1	2	1	—	1
Nebr.	3	5	5	3	2	8	3	4
Kans.	2	6	4	—	3	3	5	9
S. ATLANTIC	407	408	175	124	2,255	1,644	309	343
Del.	19	15	N	N	623	338	3	6
Md.	110	82	20	19	1,198	884	100	79
D.C.	13	12	—	5	8	14	11	13
Va.	46	52	15	19	241	173	32	52
W. Va.	22	10	7	5	17	30	3	2
N.C.	36	40	34	26	46	120	38	22
S.C.	14	16	14	11	21	27	11	11
Ga.	31	43	26	15	6	12	42	65
Fla.	116	138	59	24	95	46	69	93
E.S. CENTRAL	81	102	30	26	36	48	28	33
Ky.	31	40	5	4	5	15	9	5
Tenn.	34	45	12	15	29	26	13	11
Ala.	13	13	9	5	2	7	6	12
Miss.	3	4	4	2	—	—	—	5
W.S. CENTRAL	24	140	36	43	61	69	80	126
Ark.	4	1	2	3	5	8	6	8
La.	1	9	12	3	8	2	3	6
Okla.	7	11	5	2	—	—	10	7
Tex.	12	119	17	35	48	59	61	105
MOUNTAIN	89	85	16	27	21	19	53	55
Mont.	6	3	—	1	—	—	—	1
Idaho	3	9	—	1	2	6	—	2
Wyo.	4	7	—	—	3	4	2	1
Colo.	22	22	7	13	3	—	24	19
N. Mex.	3	4	4	2	1	1	2	5
Ariz.	27	14	—	—	8	6	14	13
Utah	16	22	3	2	2	1	9	8
Nev.	8	4	2	8	2	1	2	6
PACIFIC	87	73	149	135	176	86	220	178
Wash.	—	12	10	11	9	12	16	19
Oreg.	N	N	11	7	19	26	12	18
Calif.	83	60	127	112	145	45	169	135
Alaska	1	1	—	—	3	3	6	2
Hawaii	3	—	1	5	N	N	17	4
Guam	—	—	—	—	—	—	—	—
P.R.	—	—	—	—	N	N	3	—
V.I.	—	—	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.
* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending December 24, 2005, and December 25, 2004 (51st Week)*

Reporting area	Meningococcal disease									
	All serogroups		Serogroup A, C, Y, and W-135		Serogroup B		Other serogroup		Serogroup unknown	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	1,086	1,162	213	195	131	120	17	28	725	819
NEW ENGLAND	69	74	16	32	8	17	2	1	43	24
Maine	2	12	—	6	—	2	—	—	2	4
N.H.	12	7	—	—	—	—	—	—	12	7
Vt.	5	3	2	—	—	2	1	—	2	1
Mass.	32	40	5	21	4	7	1	—	22	12
R.I.	4	2	1	1	3	1	—	—	—	—
Conn.	14	10	8	4	1	5	—	1	5	—
MID. ATLANTIC	151	161	22	29	9	13	1	—	119	119
Upstate N.Y.	41	43	16	16	7	10	—	—	18	17
N.Y. City	23	27	—	—	—	—	—	—	23	27
N.J.	34	36	—	—	—	—	—	—	34	36
Pa.	53	55	6	13	2	3	1	—	44	39
E.N. CENTRAL	121	134	20	23	9	19	3	3	89	88
Ohio	44	66	4	6	2	5	—	2	38	53
Ind.	18	23	7	7	3	7	—	—	8	9
Ill.	15	1	—	—	—	—	—	—	15	1
Mich.	34	25	9	10	4	7	3	1	18	7
Wis.	10	19	—	—	—	—	—	—	10	19
W.N. CENTRAL	77	74	27	25	10	14	2	3	38	32
Minn.	16	23	5	11	4	5	1	1	6	6
Iowa	16	17	6	7	3	5	—	2	7	3
Mo.	27	19	10	6	3	4	1	—	13	9
N. Dak.	1	2	—	—	—	—	—	—	1	2
S. Dak.	4	2	4	—	—	—	—	—	—	2
Nebr.	5	4	2	1	—	—	—	—	3	3
Kans.	8	7	—	—	—	—	—	—	8	7
S. ATLANTIC	204	219	43	24	24	14	1	8	136	173
Del.	4	6	—	—	—	—	—	—	4	6
Md.	21	10	9	6	6	2	1	1	5	1
D.C.	—	5	—	—	—	—	—	1	—	4
Va.	31	20	12	9	7	5	—	1	12	5
W. Va.	7	6	5	—	—	—	—	—	2	6
N.C.	32	35	14	8	9	7	—	5	9	15
S.C.	15	17	3	1	2	—	—	—	10	16
Ga.	16	15	—	—	—	—	—	—	16	15
Fla.	78	105	—	—	—	—	—	—	78	105
E.S. CENTRAL	55	69	8	7	7	6	—	1	40	55
Ky.	17	12	1	3	2	3	—	—	14	6
Tenn.	24	23	5	—	4	3	—	—	15	20
Ala.	7	17	2	4	1	—	—	1	4	12
Miss.	7	17	—	—	—	—	—	—	7	17
W.S. CENTRAL	91	74	37	21	25	19	4	6	25	28
Ark.	15	17	8	4	5	5	—	—	2	8
La.	28	33	14	8	7	13	—	2	7	10
Okla.	13	10	5	5	2	—	4	4	2	1
Tex.	35	14	10	4	11	1	—	—	14	9
MOUNTAIN	83	64	24	19	5	3	2	5	52	37
Mont.	—	3	—	1	—	—	—	—	—	2
Idaho	6	7	1	—	—	—	—	—	5	7
Wyo.	—	4	—	—	—	—	—	—	—	4
Colo.	17	15	—	—	—	—	—	—	17	15
N. Mex.	3	9	—	5	—	1	—	1	3	2
Ariz.	38	12	11	6	2	—	1	3	24	3
Utah	11	7	6	4	2	—	1	—	2	3
Nev.	8	7	6	3	1	2	—	1	1	1
PACIFIC	235	293	16	15	34	15	2	1	183	262
Wash.	46	30	7	12	20	15	—	1	19	2
Oreg.	28	55	7	—	13	—	—	—	8	55
Calif.	143	195	—	—	—	—	—	—	143	195
Alaska	5	4	—	—	—	—	—	—	5	4
Hawaii	13	9	2	3	1	—	2	—	8	6
Guam	—	1	—	—	—	—	—	—	—	1
P.R.	6	17	—	—	—	—	—	—	6	17
V.I.	—	—	—	—	—	—	—	—	—	—
Amer. Samoa	1	1	—	—	—	—	—	—	1	1
C.N.M.I.	—	—	—	—	—	—	—	—	—	—

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* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending December 24, 2005, and December 25, 2004 (51st Week)*

Reporting area	Pertussis		Rabies, animal		Rocky Mountain spotted fever		Salmonellosis		Shigellosis	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	20,462	22,849	5,228	6,256	1,766	1,550	41,082	40,759	13,510	13,667
NEW ENGLAND	1,263	2,089	678	710	3	22	2,043	2,034	293	292
Maine	37	64	57	65	N	N	153	106	9	12
N.H.	119	96	13	31	1	—	164	139	14	10
Vt.	86	148	55	36	—	1	94	60	17	4
Mass.	943	1,670	325	314	1	15	1,088	1,155	184	178
R.I.	34	47	26	45	1	3	87	136	14	20
Conn.	44	64	202	219	—	3	457	438	55	68
MID. ATLANTIC	1,291	2,828	949	952	107	79	4,927	5,509	1,194	1,151
Upstate N.Y.	555	1,882	542	523	6	1	1,257	1,213	280	398
N.Y. City	85	194	27	14	8	23	1,168	1,248	387	409
N.J.	223	220	N	N	35	14	858	1,035	294	240
Pa.	428	532	380	415	58	41	1,644	2,013	233	104
E.N. CENTRAL	3,449	8,307	200	187	36	35	5,140	4,989	977	1,230
Ohio	1,156	694	70	76	23	11	1,323	1,190	136	169
Ind.	327	282	12	10	3	6	581	489	173	211
Ill.	633	1,533	50	51	1	14	1,529	1,585	299	399
Mich.	294	298	39	41	7	2	900	825	227	236
Wis.	1,039	5,500	29	9	2	2	807	900	142	215
W.N. CENTRAL	3,565	3,296	417	612	156	132	2,444	2,387	1,617	450
Minn.	1,086	481	68	89	2	4	567	612	94	66
Iowa	879	1,010	107	100	7	2	415	422	104	63
Mo.	585	566	79	59	133	105	798	612	995	180
N. Dak.	139	742	25	70	—	—	39	43	4	3
S. Dak.	161	169	64	94	5	4	143	137	70	13
Nebr.	177	95	—	101	4	17	121	175	82	44
Kans.	538	233	74	99	5	—	361	386	268	81
S. ATLANTIC	1,352	886	1,597	2,154	936	807	12,604	11,084	2,402	2,954
Del.	15	12	—	9	8	6	122	111	11	12
Md.	189	152	320	323	95	74	802	807	105	149
D.C.	11	13	—	—	2	—	58	63	15	41
Va.	335	233	504	463	108	38	1,103	1,133	124	159
W. Va.	47	32	71	70	9	5	190	231	2	10
N.C.	127	101	452	578	560	522	1,670	1,647	195	473
S.C.	378	187	5	167	67	63	1,322	1,002	99	521
Ga.	42	27	243	339	68	78	1,893	1,926	624	651
Fla.	208	129	2	205	19	21	5,444	4,164	1,227	938
E.S. CENTRAL	469	316	139	150	271	200	2,877	2,686	1,155	956
Ky.	138	86	17	23	3	2	476	348	318	74
Tenn.	196	165	46	51	198	116	744	698	510	513
Ala.	83	48	74	65	66	54	748	748	223	315
Miss.	52	17	2	11	4	28	909	892	104	54
W.S. CENTRAL	1,930	995	830	1,072	208	248	3,410	4,271	2,595	3,817
Ark.	291	81	33	52	130	163	715	560	63	79
La.	37	22	—	4	6	5	818	974	135	312
Okla.	—	38	76	112	52	71	396	396	647	511
Tex.	1,602	854	721	904	20	9	1,481	2,341	1,750	2,915
MOUNTAIN	3,953	1,984	235	219	39	23	2,282	2,306	925	838
Mont.	569	74	15	26	1	3	145	184	5	4
Idaho	231	53	12	8	3	4	147	151	17	17
Wyo.	48	35	17	6	2	5	81	54	5	6
Colo.	1,348	1,139	16	47	5	4	578	539	165	159
N. Mex.	159	156	10	5	3	2	228	277	130	138
Ariz.	945	242	137	116	21	4	694	688	528	403
Utah	621	237	15	8	4	1	323	231	47	46
Nev.	32	48	13	3	—	—	86	182	28	65
PACIFIC	3,190	2,148	183	200	10	4	5,355	5,493	2,352	1,979
Wash.	812	741	U	U	—	—	508	549	134	109
Oreg.	574	604	7	6	2	2	377	411	123	86
Calif.	1,526	761	175	183	8	2	4,127	4,094	2,055	1,730
Alaska	124	14	1	11	—	—	58	67	7	6
Hawaii	154	28	—	—	—	—	285	372	33	48
Guam	—	—	—	—	—	—	—	50	—	42
P.R.	6	5	76	60	N	N	469	489	7	32
V.I.	—	—	—	—	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U	—	U

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* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

MMWR™
QuickGuide

Recommended Childhood and Adolescent Immunization Schedule — United States, 2006

Weekly January 6, 2006 / Vol. 54 / Nos. 51 & 52

Harmonized Childhood and Adolescent Immunization Schedule, 2006

The Advisory Committee on Immunization Practices (ACIP) periodically reviews the recommended childhood and adolescent immunization schedule to ensure that the schedule is current with changes in vaccine formulations and reflects revised recommendations for the use of licensed vaccines, including those newly licensed. The recommendations and format of the childhood and adolescent immunization schedule and catch-up schedule for January–December 2006 were approved by ACIP, the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP) (Figure and Table).

The changes to the previous childhood and adolescent immunization schedule, published January 2005 (*1*), are as follows:

- The importance of the hepatitis B vaccine (HepB) birth dose has been emphasized. Vaccination of infants born to hepatitis B surface antigen (HBsAg)-negative mothers can be delayed in rare circumstances, but only if a physician's order to withhold the vaccine and a copy of the mother's original HBsAg-negative laboratory report are documented in the infant's medical record. Administering four doses of HepB is permissible (e.g., when combination vaccines are administered after the birth dose); however, if monovalent HepB is used, a dose at age 4 months is not needed. For infants born to HBsAg-positive mothers, testing for HBsAg and antibody to HBsAg after completion of the vaccine series should be conducted at age 9–18 months (generally at the next well-child visit after completion of the vaccine series).
- A new tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine recommended by ACIP for adolescents (Tdap adolescent preparation) was approved by the Food and Drug Administration (FDA) on May 5, 2005, for use in the United States. Tdap is recommended for adolescents aged 11–12 years who have completed the recommended childhood diphtheria and tetanus toxoids and pertussis/diphtheria and tetanus toxoids and acellular pertusis (DTP/DTaP) vaccination series and have not received a tetanus and diphtheria toxoids (Td) booster dose. Adolescents aged 13–18 years who missed the age 11–12-year Td/Tdap booster dose should also receive a single dose of Tdap if they have completed the recommended childhood DTP/DTaP vaccination series. Subsequent Td boosters are recommended every 10 years (*2*).
- Meningococcal conjugate vaccine (MCV4), approved by FDA on January 14, 2005, should be administered to all children at age 11–12 years as well as to unvaccinated adolescents at high school entry (age 15 years). Other adolescents who wish to decrease their risk for meningococcal disease may also be vaccinated. All college freshmen living in dormitories should also be vaccinated with MCV4 or meningococcal polysaccharide vaccine (MPSV4). For prevention of invasive meningococcal disease, vaccination with MPSV4 for children aged 2–10 years and with MCV4 for older children in certain high-risk groups is recommended (*3*).
- Influenza vaccine is now recommended for children aged ≥6 months with certain risk factors, which now specifically include conditions that can compromise respiratory function or handling of respiratory secretions or that can increase the risk for aspiration (*4*).
- Hepatitis A vaccine is now universally recommended for all children at age 1 year (12–23 months). The 2 doses in the series should be administered at least 6 months apart.
- The catch-up schedule for persons aged 7–18 years has been changed for Td; Tdap may be substituted for any dose in a primary catch-up series or as a booster if age appropriate for Tdap. A 5-year interval from the last Td dose is encouraged when Tdap is used as a booster dose.

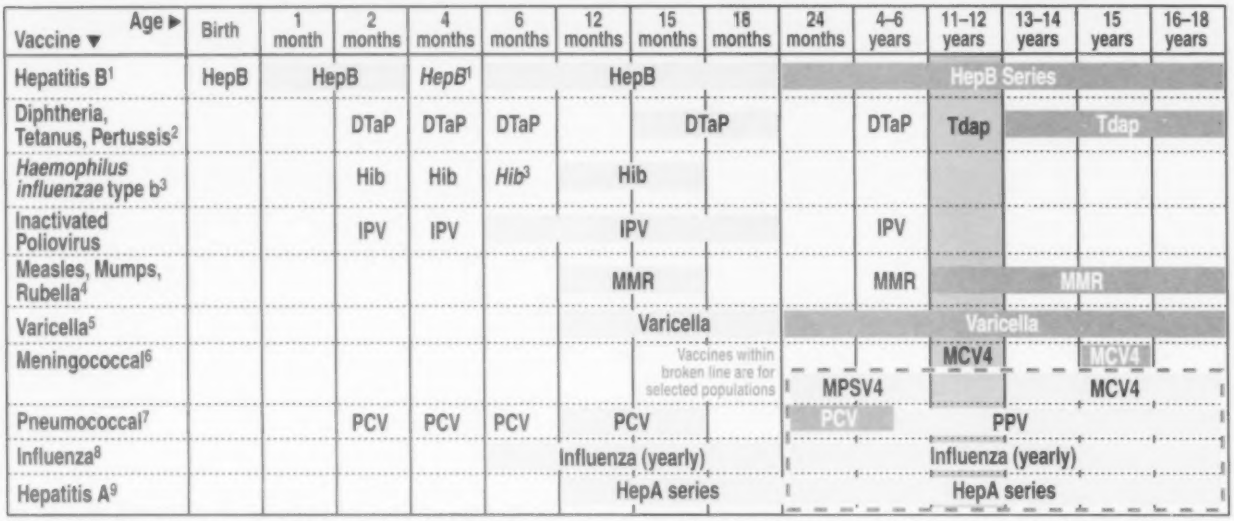
The Recommended Childhood and Adolescent Immunization Schedule and the Catch-up Childhood and Adolescent Immunization Schedule have been approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians. The standard *MMWR* footnote format has been modified for publication of this schedule.

Suggested citation: Centers for Disease Control and Prevention. Recommended childhood and adolescent immunization schedule—United States, 2006. MMWR 2005;54 (Nos. 51&52):Q1–Q4.

Vaccine Information Statements

The National Childhood Vaccine Injury Act requires that health-care providers provide parents or patients with copies

FIGURE. Recommended childhood and adolescent immunization schedule, by vaccine and age — United States, 2006



This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2005, for children through age 18 years. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. ▭ Indicates age groups that warrant special effort to administer those vaccines not previously administered. Additional vaccines might be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult respective Advisory Committee on Immunization Practices (ACIP) statements for detailed recommendations. Clinically significant adverse events that follow vaccination should be reported through the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at http://www.vaers.hhs.gov or by telephone, 800-822-7967.

▭ Range of recommended ages ▭ Catch-up immunization ▭ Assessment at age 11–12 years

1. **Hepatitis B vaccine (HepB).** ***AT BIRTH:*** **All newborns** should receive monovalent HepB soon after birth and before hospital discharge. **Infants born to mothers who are hepatitis B surface antigen (HBsAg)-positive** should receive HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth. **Infants born to mothers whose HBsAg status is unknown** should receive HepB within 12 hours of birth. The mother should have blood drawn as soon as possible to determine her HBsAg status; if HBsAg-positive, the infant should receive HBIG as soon as possible (no later than age 1 week). **For infants born to HBsAg-negative mothers**, the birth dose can be delayed in rare circumstances but only if a physician's order to withhold the vaccine and a copy of the mother's original HBsAg-negative laboratory report are documented in the infant's medical record. ***FOLLOWING THE BIRTH DOSE:*** The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1–2 months. The final dose should be administered at age ≥24 weeks. Administering four doses of HepB is permissible (e.g., when combination vaccines are administered after the birth dose); however, if monovalent HepB is used, a dose at age 4 months is not needed. **Infants born to HBsAg-positive mothers** should be tested for HBsAg and antibody to HBsAg after completion of the HepB series at age 9–18 months (generally at the next well-child visit after completion of the vaccine series).
2. **Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).** The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose and the child is unlikely to return at age 15–18 months. The final dose in the series should be administered at age ≥4 years. **Tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine (Tdap adolescent preparation)** is recommended at age 11–12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a tetanus and diphtheria toxoids (Td) booster dose. Adolescents aged 13–18 years who missed the age 11–12-year Td/Tdap booster dose should also receive a single dose of Tdap if they have completed the recommended childhood DTP/DTaP vaccination series. **Subsequent Td** boosters are recommended every 10 years.
3. ***Haemophilus influenzae* type b conjugate vaccine (Hib).** Three Hib conjugate vaccines are licensed for infant use. If PRP-OMP (PedvaxHIB® or ComVax® [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required. DTaP/Hib combination products should not be used for primary immunization in infants at ages 2, 4, or 6 months but may be used as boosters after any Hib vaccine. The final dose in the series should be administered at age ≥12 months.
4. **Measles, mumps, and rubella vaccine (MMR).** The second dose of MMR is recommended routinely at age 4–6 years but may be administered during any visit, provided at least 4 weeks have elapsed since the first dose and both doses are administered at or after age 12 months. Children who have not previously received the second dose should complete the schedule by age 11–12 years.
5. **Varicella vaccine.** Varicella vaccine is recommended at any visit at or after age 12 months for susceptible children (i.e., those who lack a reliable history of varicella). Susceptible persons aged ≥13 years should receive 2 doses administered at least 4 weeks apart.
6. **Meningococcal vaccine (MCV4).** Meningococcal conjugate vaccine (MCV4) should be administered to all children at age 11–12 years as well as to unvaccinated adolescents at high school entry (age 15 years). Other adolescents who wish to decrease their risk for meningococcal disease may also be vaccinated. All college freshmen living in dormitories should also be vaccinated, preferably with MCV4, although **meningococcal polysaccharide vaccine (MPSV4)** is an acceptable alternative. Vaccination against invasive meningococcal disease is recommended for children and adolescents aged ≥2 years with terminal complement deficiencies or anatomic or functional asplenia and for certain other high risk groups (see *MMWR* 2005;54[No. RR-7]); use MPSV4 for children aged 2–10 years and MCV4 for older children, although MPSV4 is an acceptable alternative.
7. **Pneumococcal vaccine.** The heptavalent **pneumococcal conjugate vaccine (PCV)** is recommended for all children aged 2–23 months and for certain children aged 24–59 months. The final dose in the series should be administered at age ≥12 months. **Pneumococcal polysaccharide vaccine (PPV)** is recommended in addition to PCV for certain high-risk groups. See *MMWR* 2000;49(No. RR-9).
8. **Influenza vaccine.** Influenza vaccine is recommended annually for children aged ≥6 months with certain risk factors (including, but not limited to, asthma, cardiac disease, sickle cell disease, human immunodeficiency virus infection, diabetes, and conditions that can compromise respiratory function or handling of respiratory secretions or that can increase the risk for aspiration), health-care workers, and other persons (including household members) in close contact with persons in groups at high risk (see *MMWR* 2005;54[No. RR-8]). In addition, healthy children aged 6–23 months and close contacts of healthy children aged 0–5 months are recommended to receive influenza vaccine because children in this age group are at substantially increased risk for influenza-related hospitalizations. For healthy, nonpregnant persons aged 5–49 years, the intranasally administered, live, attenuated influenza vaccine (LAIV) is an acceptable alternative to the intramuscular trivalent inactivated influenza vaccine (TIV). See *MMWR* 2005;54(No. RR-8). Children receiving TIV should be administered an age-appropriate dosage (0.25 mL for children aged 6–35 months or 0.5 mL for children aged ≥3 years). Children aged <8 years who are receiving influenza vaccine for the first time should receive 2 doses (separated by at least 4 weeks for TIV and at least 6 weeks for LAIV).
9. **Hepatitis A vaccine (HepA).** HepA is recommended for all children at age 1 year (i.e., 12–23 months). The 2 doses in the series should be administered at least 6 months apart. States, counties, and communities with existing HepA vaccination programs for children aged 2–18 years are encouraged to maintain these programs. In these areas, new efforts focused on routine vaccination of children aged 1 year should enhance, not replace, ongoing programs directed at a broader population of children. HepA is also recommended for certain high risk groups (see *MMWR* 1999;48[No. RR-12]).

The Childhood and Adolescent Immunization Schedule is approved by the Advisory Committee on Immunization Practices (http://www.cdc.gov/nip/acip), the American Academy of Pediatrics (http://www.aap.org), and the American Academy of Family Physicians (http://www.aafp.org).

TABLE. Catch-up immunization schedule for children and adolescents who start late or who are ≥1 month behind, by age group, vaccine, and dosage interval — United States, 2006

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the chart appropriate for the child's age.

CATCH-UP SCHEDULE FOR CHILDREN AGED 4 MONTHS–6 YEARS

Vaccine	Minimum age for dose 1	Minimum interval between doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Diphtheria, Tetanus, Pertussis	6 weeks	4 weeks	4 weeks	6 months	6 months[1]
Inactivated Poliovirus	6 weeks	4 weeks	4 weeks	4 weeks[2]	
Hepatitis B[3]	Birth	4 weeks	8 weeks (and 16 weeks after first dose)		
Measles, Mumps, Rubella	12 months	4 weeks[4]			
Varicella	12 months				
Haemophilus influenza type b[5]	6 weeks	4 weeks if first dose administered at age <12 months 8 weeks (as final dose) if first dose administered at age 12–14 months No further doses needed if first dose administered at age ≥15 months	4 weeks[6] if current age <12 months 8 weeks (as final dose)[6] if current age ≥12 months and second dose administered at age <15 months No further doses needed if previous dose administered at age ≥15 months	8 weeks (as final dose) This dose only necessary for children aged 12 months–5 years who received 3 doses before age 12 months	
Pneumococcal[7]	6 weeks	4 weeks if first dose administered at age <12 months and current age <24 months 8 weeks (as final dose) if first dose administered at age ≥12 months or current age 24–59 months No further doses needed for healthy children if first dose administered at age ≥24 months	4 weeks if current age <12 months 8 weeks (as final dose) if current age ≥12 months No further doses needed for healthy children if previous dose administered at age ≥24 months	8 weeks (as final dose) This dose only necessary for children aged 12 months–5 years who received 3 doses before age 12 months	

CATCH-UP SCHEDULE FOR CHILDREN AGED 7–18 YEARS

Vaccine	Minimum interval between doses		
	Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Booster Dose
Tetanus, Diphtheria[8]	4 weeks	6 months	6 months if first dose administered at age <12 months and current age <11 years; otherwise 5 years
Inactivated Poliovirus[9]	4 weeks	4 weeks	IPV[2,9]
Hepatitis B	4 weeks	8 weeks (and 16 weeks after first dose)	
Measles, Mumps, Rubella	4 weeks		
Varicella[10]	4 weeks		

1. **DTaP.** The fifth dose is not necessary if the fourth dose was administered after the fourth birthday.
2. **IPV.** For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if the third dose was administered at age ≥4 years. If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.
3. **HepB.** Administer the 3-dose series to all persons aged <19 years if they were not previously vaccinated.
4. **MMR.** The second dose of MMR is recommended routinely at age 4–6 years but may be administered earlier if desired.
5. **Hib.** Vaccine is not generally recommended for children aged ≥5 years.
6. **Hib.** If current age is <12 months and the first 2 doses were PRP-OMP (PedvaxHIB® or ComVax® [Merck]), the third (and final) dose should be administered at age 12–15 months and at least 8 weeks after the second dose.
7. **PCV.** Vaccine is not generally recommended for children aged ≥5 years.
8. **Td.** Tdap adolescent preparation may be substituted for any dose in a primary catch-up series or as a booster if age appropriate for Tdap. A 5-year interval from the last Td dose is encouraged when Tdap is used as a booster dose. See ACIP recommendations for additional information.
9. **IPV.** Vaccine is not generally recommended for persons aged ≥18 years.
10. **Varicella.** Administer the 2-dose series to all susceptible adolescents aged ≥13 years.

Adverse reactions to vaccines should be reported through VAERS. Information on reporting reactions after vaccination is available at http://www.vaers.hhs.gov or by telephone, 800-822-7967. Suspected cases of vaccine-preventable diseases should be reported to the state or local health department.

Additional information about vaccines, including precautions and contraindications for vaccination and vaccine shortages, is available in English and Spanish from the National Immunization Program at http://www.cdc.gov/nip or by telephone, 800-CDC-INFO (800-232-4636).

of Vaccine Information Statements before administering each dose of the vaccines listed in the schedule. Additional information is available from state health departments and from CDC at http://www.cdc.gov/nip/publications/vis.

Detailed recommendations for using vaccines are available from package inserts, ACIP statements on specific vaccines, and the *2003 Red Book* (5). ACIP statements for each recommended childhood vaccine are available at the CDC National Immunization Program website at http://www.cdc.gov/nip/publications/acip-list.htm. In addition, guidance for obtaining and completing a Vaccine Adverse Event Reporting System form is available at http://www.vaers.hhs.gov or by telephone, 800-822-7967.

References

1. CDC. Recommended childhood and adolescent immunization schedule—United States, 2005. MMWR 2005;53:Q1–Q3.
2. CDC. ACIP recommends adolescent vaccination for tetanus, diphtheria and pertussis vaccine. Atlanta, GA: US Department of Health and Human Services, CDC; June 30, 2005. Available at http://www.cdc.gov/nip/pr/pr_tdap_jun2005.htm.
3. CDC. Prevention and control of meningococcal disease: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2005;54(No. RR-7).
4. CDC. Prevention and control of influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2005;54(No. RR-8).
5. American Academy of Pediatrics. Active and passive immunization. In: Pickering LK, ed. 2003 red book: report of the Committee on Infectious Diseases. 26th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2003.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending December 24, 2005, and December 25, 2004 (51st Week)*

Reporting area	Streptococcal disease, invasive, group A		*Streptococcus pneumoniae*, invasive disease				Syphilis			
			Drug resistant, all ages		Age <5 years		Primary & secondary		Congenital	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	4,175	4,234	2,290	2,214	908	815	7,882	7,614	272	380
NEW ENGLAND	169	276	113	172	71	112	210	186	1	4
Maine	14	14	N	N	1	7	1	2	—	—
N.H.	15	21	—	—	7	N	14	5	—	3
Vt.	11	10	13	11	6	3	1	1	—	—
Mass.	120	121	84	55	53	63	128	114	—	—
R.I.	9	21	16	20	4	9	20	26	—	1
Conn.	U	89	U	86	U	30	46	38	1	—
MID. ATLANTIC	843	708	188	155	147	125	971	960	35	34
Upstate N.Y.	255	227	76	62	66	84	84	93	9	4
N.Y. City	153	119	U	U	20	U	591	601	5	15
N.J.	166	143	N	N	29	12	129	148	21	14
Pa.	269	219	112	93	32	29	167	118	—	1
E.N. CENTRAL	836	940	588	495	278	195	829	873	35	61
Ohio	187	219	348	343	81	80	210	235	1	2
Ind.	99	94	179	152	50	46	57	58	1	3
Ill.	172	250	17	—	64	17	440	376	14	23
Mich.	313	288	44	N	59	N	86	175	15	32
Wis.	65	89	N	N	24	52	36	29	4	1
W.N. CENTRAL	269	295	43	23	97	107	234	149	5	5
Minn.	110	138	—	—	61	71	61	26	1	1
Iowa	N	N	N	N	—	N	4	5	—	—
Mo.	68	61	35	18	10	14	143	89	4	2
N. Dak.	12	14	3	—	4	4	1	—	—	—
S. Dak.	22	21	3	5	—	—	1	—	—	—
Nebr.	21	21	2	—	7	9	5	6	—	—
Kans.	36	40	N	N	15	9	19	23	—	2
S. ATLANTIC	920	846	1,019	1,087	84	65	2,018	1,941	42	60
Del.	6	3	2	4	—	N	10	9	—	1
Md.	199	150	—	—	57	47	307	372	14	10
D.C.	11	10	19	11	3	4	92	69	—	1
Va.	97	70	N	N	—	N	135	105	4	3
W. Va.	27	27	119	112	24	14	4	3	—	—
N.C.	124	125	N	N	U	U	257	192	11	12
S.C.	31	54	—	83	—	N	81	115	4	12
Ga.	175	194	297	312	—	N	405	365	1	5
Fla.	250	213	582	565	—	N	727	711	8	16
E.S. CENTRAL	166	211	170	160	14	19	464	395	27	25
Ky.	34	61	31	31	N	N	52	47	—	1
Tenn.	132	150	139	127	—	N	215	130	20	10
Ala.	—	—	—	—	—	N	153	164	6	11
Miss.	—	—	—	2	14	19	44	54	1	3
W.S. CENTRAL	262	332	107	86	158	152	1,243	1,217	71	77
Ark.	22	17	15	10	19	8	50	47	1	4
La.	8	3	92	76	24	32	243	329	12	9
Okla.	112	67	N	N	36	47	40	25	1	2
Tex.	120	245	N	N	79	65	910	816	57	62
MOUNTAIN	590	494	62	35	50	37	373	378	30	48
Mont.	—	—	1	—	—	—	5	4	—	—
Idaho	3	9	N	N	—	N	20	23	1	2
Wyo.	5	10	23	12	—	—	—	3	—	—
Colo.	200	114	N	N	49	37	44	62	1	2
N. Mex.	43	90	—	N	—	—	47	80	2	2
Ariz.	254	225	N	N	—	N	170	155	25	41
Utah	84	41	36	21	1	—	6	11	—	1
Nev.	1	5	2	2	—	—	81	40	1	—
PACIFIC	120	132	—	1	9	3	1,540	1,515	26	66
Wash.	N	N	N	N	N	N	152	144	—	—
Oreg.	N	N	N	N	6	N	38	27	—	—
Calif.	—	—	N	N	N	N	1,332	1,329	26	66
Alaska	—	—	—	—	—	N	6	7	—	—
Hawaii	120	132	—	1	3	3	12	8	—	—
Guam	—	—	—	—	—	—	—	2	—	—
P.R.	N	N	N	N	—	N	215	170	12	6
V.I.	—	—	—	—	—	—	—	4	—	—
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U	—	U

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.
* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending December 24, 2005, and December 25, 2004 (51st Week)*

Reporting area	Tuberculosis		Typhoid fever		Varicella (chickenpox)		West Nile virus disease†		
							Neuroinvasive		Non-neuroinvasive§
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005
UNITED STATES	11,370	13,537	265	308	26,298	28,866	1,182	1,142	1,493
NEW ENGLAND	365	458	24	23	2,302	3,563	9	—	4
Maine	17	20	1	—	213	351	—	—	—
N.H.	6	18	—	—	1,418	—	—	—	—
Vt.	7	6	—	—	128	413	—	—	—
Mass.	229	268	14	16	543	950	4	—	2
R.I.	37	51	1	1	—	—	1	—	—
Conn.	69	95	8	6	U	1,849	4	—	2
MID. ATLANTIC	1,999	2,061	54	75	4,793	93	27	17	18
Upstate N.Y.	254	285	6	10	—	—	—	5	—
N.Y. City	978	1,004	25	31	—	—	10	2	4
N.J.	462	463	15	19	—	—	3	1	3
Pa.	305	309	8	15	4,793	93	14	9	11
E.N. CENTRAL	1,212	1,175	25	35	6,839	12,764	238	66	119
Ohio	234	197	2	7	1,709	1,560	46	11	15
Ind.	127	125	1	—	597	N	10	8	2
Ill.	565	528	11	16	76	6,274	132	29	88
Mich.	209	233	6	9	4,017	4,226	39	13	8
Wis.	77	92	5	3	440	704	11	5	6
W.N. CENTRAL	428	456	6	11	666	187	151	86	426
Minn.	180	182	5	6	—	—	17	13	27
Iowa	47	47	—	—	N	N	14	13	21
Mo.	99	117	—	2	483	5	17	27	14
N. Dak.	2	4	—	—	55	84	12	2	74
S. Dak.	15	8	—	—	128	98	35	6	192
Nebr.	29	37	—	2	—	—	43	7	90
Kans.	56	61	1	1	—	—	13	18	8
S. ATLANTIC	2,439	2,827	52	44	2,728	2,419	30	65	22
Del.	19	17	1	—	30	5	1	—	—
Md.	245	271	12	12	—	—	4	10	1
D.C.	48	77	—	—	40	26	—	1	—
Va.	281	284	18	10	999	605	—	4	—
W. Va.	26	24	—	—	1,115	1,297	—	—	N
N.C.	315	367	6	8	—	N	2	3	2
S.C.	209	179	—	—	544	486	5	—	—
Ga.	367	536	4	4	—	—	9	14	7
Fla.	929	1,072	11	10	—	—	9	33	12
E.S. CENTRAL	544	660	7	8	—	54	64	60	38
Ky.	112	122	2	3	N	N	5	1	—
Tenn.	250	231	2	5	—	—	14	13	3
Ala.	182	194	1	—	—	54	6	15	4
Miss.	—	113	2	—	—	—	39	31	31
W.S. CENTRAL	1,521	1,894	16	26	6,460	7,240	236	237	121
Ark.	112	115	—	—	38	—	11	17	15
La.	—	—	1	—	112	56	100	85	38
Okla.	139	170	1	1	—	—	16	16	14
Tex.	1,270	1,609	14	25	6,310	7,184	109	119	54
MOUNTAIN	380	529	11	8	2,510	2,546	139	322	230
Mont.	8	14	—	—	—	—	8	2	17
Idaho	—	3	—	—	—	—	3	1	10
Wyo.	—	5	—	—	52	56	6	2	6
Colo.	62	123	7	3	1,772	2,029	20	41	81
N. Mex.	35	42	—	—	174	U	20	31	13
Ariz.	218	212	2	2	—	—	47	214	57
Utah	26	36	1	1	512	461	21	6	31
Nev.	31	94	1	2	—	—	14	25	15
PACIFIC	2,482	3,477	70	78	—	—	288	289	515
Wash.	243	230	5	6	N	N	—	—	—
Oreg.	54	104	4	1	—	—	1	—	6
Calif.	2,034	2,989	49	65	—	—	287	289	509
Alaska	38	42	—	—	—	—	—	—	—
Hawaii	113	112	12	6	—	—	—	—	—
Guam	—	56	—	—	—	273	—	—	—
P.R.	—	104	—	—	600	394	—	—	—
V.I.	—	—	—	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U	—
C.N.M.I.	—	U	—	U	—	U	—	U	—

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.

* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases (ArboNet Surveillance).

§ Not previously notifiable.

TABLE III. Deaths in 122 U.S. cities,* week ending December 24, 2005 (51st Week)

Reporting Area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45–64	25–44	1–24	<1	
NEW ENGLAND	581	424	116	27	5	9	65
Boston, Mass.	130	89	25	10	2	4	15
Bridgeport, Conn.	52	38	11	2	1	—	8
Cambridge, Mass.	10	7	2	—	—	1	2
Fall River, Mass.	27	25	2	—	—	—	6
Hartford, Conn.	58	38	17	2	—	1	4
Lowell, Mass.	25	21	3	1	—	—	1
Lynn, Mass.	7	5	1	1	—	—	1
New Bedford, Mass.	20	19	1	—	—	—	3
New Haven, Conn.	21	11	9	1	—	—	4
Providence, R.I.	82	67	12	1	1	1	13
Somerville, Mass.	1	—	—	1	—	—	—
Springfield, Mass.	38	28	8	2	—	—	2
Waterbury, Conn.	34	26	6	1	1	—	3
Worcester, Mass.	76	50	19	5	—	2	3
MID. ATLANTIC	2,074	1,432	437	117	55	28	117
Albany, N.Y.	30	19	7	—	2	2	1
Allentown, Pa.	32	27	3	2	—	—	1
Buffalo, N.Y.	73	51	14	5	1	2	6
Camden, N.J.	27	19	4	2	1	1	2
Elizabeth, N.J.	13	9	4	—	—	—	2
Erie, Pa.	62	50	9	1	2	—	4
Jersey City, N.J.	47	29	12	2	1	3	—
New York City, N.Y.	1,023	703	232	62	19	6	44
Newark, N.J.	56	27	15	10	2	2	3
Paterson, N.J.	20	10	5	3	2	—	1
Philadelphia, Pa.	335	219	65	26	15	6	26
Pittsburgh, Pa.§	27	19	5	—	3	—	—
Reading, Pa.	20	15	3	—	—	2	1
Rochester, N.Y.	151	121	24	—	4	2	13
Schenectady, N.Y.	20	16	2	1	1	—	1
Scranton, Pa.	31	25	5	1	—	—	1
Syracuse, N.Y.	50	32	14	—	2	2	6
Trenton, N.J.	27	18	7	2	—	—	2
Utica, N.Y.	15	13	2	—	—	—	2
Yonkers, N.Y.	15	10	5	—	—	—	1
E.N. CENTRAL	2,016	1,364	464	117	39	32	140
Akron, Ohio	53	35	14	1	1	2	6
Canton, Ohio	38	29	8	1	—	—	3
Chicago, Ill.	352	198	101	35	13	5	28
Cincinnati, Ohio	101	58	23	9	2	9	10
Cleveland, Ohio	247	168	67	8	2	2	18
Columbus, Ohio	206	146	45	10	4	1	12
Dayton, Ohio	136	96	27	9	3	1	13
Detroit, Mich.	U	U	U	U	U	U	U
Evansville, Ind.	45	41	4	—	—	—	3
Fort Wayne, Ind.	78	53	23	1	—	1	8
Gary, Ind.	23	14	4	3	1	1	—
Grand Rapids, Mich.	43	31	8	1	3	—	5
Indianapolis, Ind.	201	137	45	13	2	4	15
Lansing, Mich.	67	46	14	4	2	1	2
Milwaukee, Wis.	98	58	28	9	2	1	5
Peoria, Ill.	44	37	2	1	—	4	1
Rockford, Ill.	55	42	7	4	2	—	2
South Bend, Ind.	67	54	10	3	—	—	1
Toledo, Ohio	102	76	23	2	1	—	5
Youngstown, Ohio	60	45	11	3	1	—	3
W.N. CENTRAL	608	412	129	34	8	25	33
Des Moines, Iowa	58	45	6	3	1	3	3
Duluth, Minn.	29	24	5	—	—	—	1
Kansas City, Kans.	35	22	7	4	—	2	2
Kansas City, Mo.	93	66	16	6	1	4	4
Lincoln, Nebr.	27	22	4	—	—	1	4
Minneapolis, Minn.	74	43	21	5	1	4	—
Omaha, Nebr.	97	74	13	6	2	2	9
St. Louis, Mo.	30	15	9	3	2	1	3
St. Paul, Minn.	62	39	14	5	—	4	3
Wichita, Kans.	103	62	34	2	1	4	4
S. ATLANTIC	1,296	800	305	118	46	27	65
Atlanta, Ga.	159	100	39	16	3	1	7
Baltimore, Md.	155	90	37	18	8	2	11
Charlotte, N.C.	81	50	17	9	2	3	7
Jacksonville, Fla.	161	87	48	17	5	4	12
Miami, Fla.	159	99	34	19	5	2	6
Norfolk, Va.	47	28	10	5	3	1	1
Richmond, Va.	82	52	19	5	2	4	5
Savannah, Ga.	47	37	6	2	—	2	4
St. Petersburg, Fla.	85	54	20	6	4	1	4
Tampa, Fla.	197	134	45	11	2	5	6
Washington, D.C.	110	58	28	10	12	2	2
Wilmington, Del.	13	11	2	—	—	—	—
E.S. CENTRAL	696	434	184	50	16	12	51
Birmingham, Ala.	194	133	45	12	3	1	17
Chattanooga, Tenn.	43	26	13	2	—	2	2
Knoxville, Tenn.	72	48	14	7	1	2	3
Lexington, Ky.	74	46	22	4	1	1	4
Memphis, Tenn.	157	91	42	14	7	3	17
Mobile, Ala.	13	6	6	—	1	—	1
Montgomery, Ala.	17	11	5	1	—	—	2
Nashville, Tenn.	126	73	37	10	3	3	5
W.S. CENTRAL	1,352	860	326	97	37	31	86
Austin, Tex.	70	43	15	7	2	2	10
Baton Rouge, La.	19	13	4	1	1	—	2
Corpus Christi, Tex.	37	28	7	1	1	—	—
Dallas, Tex.	199	121	46	20	6	6	17
El Paso, Tex.	42	31	9	2	—	—	3
Ft. Worth, Tex.	128	84	32	6	2	4	7
Houston, Tex.	348	213	87	25	13	10	20
Little Rock, Ark.	54	29	18	4	1	2	2
New Orleans, La.¶	U	U	U	U	U	U	U
San Antonio, Tex.	254	166	59	14	8	7	10
Shreveport, La.	81	57	16	6	2	—	8
Tulsa, Okla.	120	75	33	11	1	—	7
MOUNTAIN	1,202	810	249	70	37	33	81
Albuquerque, N.M.	137	97	24	8	5	3	12
Boise, Idaho	34	25	6	2	—	1	—
Colo. Springs, Colo.	69	52	8	6	2	1	5
Denver, Colo.	102	56	27	6	2	11	5
Las Vegas, Nev.	317	212	74	18	8	5	18
Ogden, Utah	23	21	2	—	—	—	2
Phoenix, Ariz.	194	109	46	21	9	6	10
Pueblo, Colo.	38	29	7	—	2	—	7
Salt Lake City, Utah	137	102	21	3	6	5	9
Tucson, Ariz.	151	107	34	6	3	1	13
PACIFIC	1,779	1,263	363	93	42	18	171
Berkeley, Calif.	26	21	2	3	—	—	2
Fresno, Calif.	U	U	U	U	U	U	U
Glendale, Calif.	19	15	3	1	—	—	6
Honolulu, Hawaii	79	59	14	4	1	1	7
Long Beach, Calif.	58	37	12	3	5	1	4
Los Angeles, Calif.	311	221	61	19	8	2	33
Pasadena, Calif.	47	40	6	—	—	1	9
Portland, Oreg.	135	93	29	11	—	2	8
Sacramento, Calif.	270	186	62	13	7	2	23
San Diego, Calif.	157	108	34	5	8	2	21
San Francisco, Calif.	130	91	28	8	3	—	19
San Jose, Calif.	238	179	40	11	5	3	22
Santa Cruz, Calif.	33	25	7	1	—	—	3
Seattle, Wash.	108	72	28	6	1	1	3
Spokane, Wash.	41	26	10	4	—	1	4
Tacoma, Wash.	127	90	27	4	4	2	7
TOTAL	11,604**	7,799	2,573	723	285	215	809

U: Unavailable. —: No reported cases.

* Mortality data in this table are voluntarily reported from 122 cities in the United States, most of which have populations of ≥100,000. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

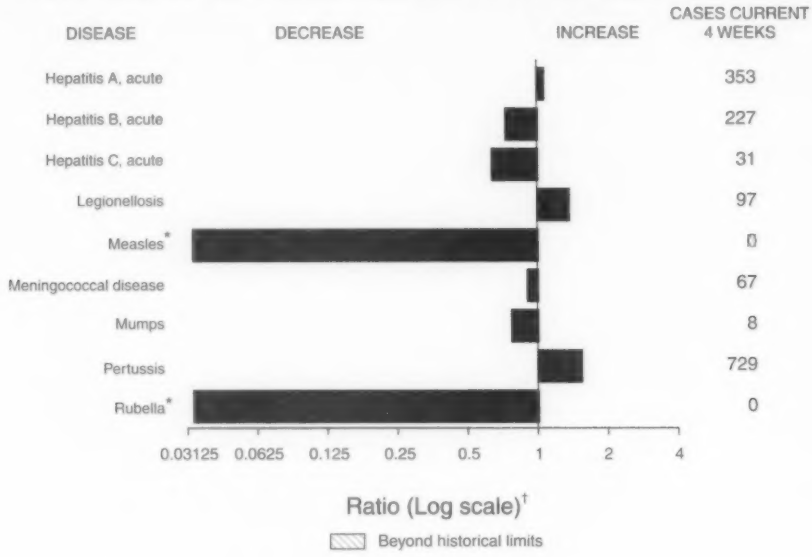
† Pneumonia and influenza.

§ Because of changes in reporting methods in this Pennsylvania city, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

¶ Because of Hurricane Katrina, weekly reporting of deaths has been temporarily disrupted.

** Total includes unknown ages.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals December 31, 2005, with historical data



* No measles or rubella cases were reported for the current 4-week period yielding a ratio for week 52 of zero (0).
† Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

TABLE I. Summary of provisional cases of selected notifiable diseases, United States, cumulative, week ending December 31, 2005 (52nd Week)*

Disease	Cum. 2005	Cum. 2004	Disease	Cum. 2005	Cum. 2004
Anthrax	—	—	Hemolytic uremic syndrome, postdiarrheal†	187	200
Botulism:			HIV infection, pediatric†¶	255	369
foodborne	15	16	Influenza-associated pediatric mortality†**	49	—
infant	80	87	Measles	62††	37§§
other (wound & unspecified)	29	28	Mumps	265	258
Brucellosis	107	115	Plague	7	3
Chancroid	25	30	Poliomyelitis, paralytic	1	—
Cholera	6	5	Psittacosis†	21	12
Cyclosporiasis†	733	208	Q fever†	141	72
Diphtheria	—	—	Rabies, human	2	7
Domestic arboviral diseases			Rubella	16	10
(neuroinvasive & non-neuroinvasive):	—	—	Rubella, congenital syndrome	1	—
California serogroup†§	65	116	SARS†**	—	—
eastern equine†§	21	6	Smallpox†	—	—
Powassan†§	—	1	*Staphylococcus aureus*:		
St. Louis†§	9	13	Vancomycin-intermediate (VISA)†	1	—
western equine†§	—	—	Vancomycin-resistant (VRSA)†	—	1
Ehrlichiosis:	—	—	Streptococcal toxic-shock syndrome†	104	132
human granulocytic (HGE)†	700	538	Tetanus	20	34
human monocytic (HME)†	471	345	Toxic-shock syndrome	96	98
human, other and unspecified †	113	70	Trichinellosis¶¶	17	6
Hansen disease†	89	105	Tularemia†	133	134
Hantavirus pulmonary syndrome†	22	25	Yellow fever	—	—

—: No reported cases.
* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).
† Not notifiable in all states.
§ Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases (ArboNet Surveillance).
¶ Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention. Last update December 3, 2005.
** Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases. Of the 49 cases reported, five were reported since October 2, 2005 (40th Week). Of these five, only three occurrred during the current 2005–2006 season.
†† Of 62 cases reported, 51 were indigenous and 11 were imported from another country.
§§ Of 37 cases reported, 10 were indigenous and 27 were imported from another country.
¶¶ Formerly Trichinosis.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending December 31, 2005, and January 1, 2005 (52nd Week)*

Reporting area	AIDS		Chlamydia†		Coccidioidomycosis		Cryptosporidiosis	
	Cum. 2005§	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	30,568	43,320	906,387	929,462	5,145	6,450	7,595	3,636
NEW ENGLAND	1,141	1,410	31,051	31,222	—	—	336	171
Maine	19	60	2,254	2,113	N	N	27	22
N.H.	26	42	1,847	1,736	—	—	35	30
Vt.¶	7	16	939	1,137	—	—	39	25
Mass.	561	522	14,210	13,242	—	—	144	59
R.I.	105	132	3,103	3,442	—	—	13	4
Conn.	423	638	8,698	9,552	N	N	78	31
MID. ATLANTIC	6,597	11,116	115,286	114,570	—	—	3,529	579
Upstate N.Y.	891	2,071	23,395	24,719	N	N	3,060	185
N.Y. City	3,522	5,574	37,282	34,378	—	—	132	138
N.J.	956	1,847	17,601	17,448	N	N	66	46
Pa.	1,228	1,624	37,008	38,025	N	N	271	210
E.N. CENTRAL	2,929	3,484	151,821	165,467	11	15	1,569	1,049
Ohio	518	649	40,477	39,379	N	N	774	224
Ind.	348	392	18,976	18,440	N	N	86	79
Ill.	1,504	1,613	45,784	47,185	—	—	147	161
Mich.	439	654	28,658	41,246	11	15	109	157
Wis.	120	176	17,926	19,217	N	N	453	428
W.N. CENTRAL	690	881	55,664	56,950	5	6	579	431
Minn.	176	217	10,415	11,602	3	N	148	147
Iowa	72	63	7,244	6,956	N	N	108	90
Mo.	299	390	22,245	21,319	1	3	247	78
N. Dak.	9	17	1,177	1,810	N	N	1	12
S. Dak.	13	12	2,710	2,532	—	—	30	44
Nebr.¶	27	69	4,976	5,238	1	3	9	29
Kans.	94	113	6,897	7,493	N	N	36	31
S. ATLANTIC	9,183	12,749	168,156	175,016	2	—	736	540
Del.	134	157	3,392	2,954	N	N	6	—
Md.	1,370	1,451	18,145	19,952	2	—	41	26
D.C.	474	991	3,728	3,493	—	—	18	16
Va.¶	441	795	19,501	21,635	—	—	66	66
W. Va.	51	92	2,716	2,758	N	N	18	6
N.C.	636	1,129	29,835	28,967	N	N	92	76
S.C.¶	413	749	19,661	18,423	—	—	19	24
Ga.	1,701	1,621	28,479	34,280	—	—	126	177
Fla.	3,963	5,764	42,699	42,554	N	N	350	149
E.S. CENTRAL	1,546	1,948	68,020	61,162	—	5	214	151
Ky.	198	240	8,351	6,470	N	N	146	47
Tenn.¶	675	775	23,450	22,515	N	N	40	49
Ala.¶	385	465	16,148	13,314	—	—	24	25
Miss.	288	468	20,071	18,863	—	5	4	30
W.S. CENTRAL	3,543	4,689	102,370	110,299	2	3	183	150
Ark.	173	185	8,524	7,864	—	1	6	16
La.	650	1,005	14,838	21,837	2	2	82	7
Okla.	229	195	10,201	10,366	N	N	43	22
Tex.¶	2,491	3,304	68,807	70,232	N	N	52	105
MOUNTAIN	1,172	1,489	52,159	56,993	3,539	3,780	135	171
Mont.	15	7	2,153	2,608	N	N	23	34
Idaho¶	15	19	2,757	2,784	N	N	15	28
Wyo.	3	18	1,148	1,082	5	2	3	4
Colo.	260	329	13,023	14,151	N	N	49	59
N. Mex.	115	183	5,502	9,035	14	22	11	21
Ariz.	473	557	17,562	16,786	3,479	3,668	11	17
Utah	55	73	4,347	3,857	9	26	14	6
Nev.¶	236	303	5,667	6,690	32	62	9	2
PACIFIC	3,767	5,554	161,860	157,783	1,586	2,641	314	394
Wash.	352	442	18,137	17,635	N	N	49	63
Oreg.¶	193	277	9,032	8,690	—	—	67	32
Calif.	3,105	4,645	125,663	122,197	1,586	2,641	194	297
Alaska	25	55	3,790	3,954	—	—	3	—
Hawaii	92	135	5,238	5,307	—	—	1	2
Guam	2	1	—	803	—	—	—	—
P.R.	814	909	3,725	3,618	N	N	N	N
V.I.	10	20	196	339	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	2	U	—	U	—	U	—	U

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.

* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

† Chlamydia refers to genital infections caused by *C. trachomatis*.

§ Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention. Last update December 3, 2005.

¶ Contains data reported through National Electronic Disease Surveillance System (NEDSS). Due to a technical problem with hardware, data from these states are not included this week.

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending December 31, 2005, and January 1, 2005 (52nd Week)*

Reporting area	*Escherichia coli*, Enterohemorrhagic (EHEC)						Giardiasis		Gonorrhea	
	O157:H7		Shiga toxin positive, serogroup non-O157		Shiga toxin positive, not serogrouped					
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	2,461	2,544	352	315	322	311	18,126	20,648	314,370	330,132
NEW ENGLAND	155	172	52	46	24	16	1,626	1,794	5,601	7,164
Maine	15	16	12	2	—	—	203	155	143	210
N.H.	14	24	2	5	—	—	55	48	180	133
Vt.	15	13	5	—	—	—	182	168	59	86
Mass.	64	73	15	14	24	16	696	787	2,533	3,057
R.I.	7	15	—	1	—	—	107	130	429	816
Conn.	40	31	18	24	—	—	383	506	2,257	2,862
MID. ATLANTIC	306	300	44	70	35	41	3,376	4,149	33,495	36,669
Upstate N.Y.	138	126	23	48	12	22	1,238	1,528	6,935	7,719
N.Y. City	15	35	—	—	—	—	845	1,085	10,109	11,018
N.J.	52	61	5	6	12	6	419	507	5,327	6,696
Pa.	101	78	16	16	11	13	874	1,029	11,124	11,236
E.N. CENTRAL	486	479	35	48	21	32	2,923	3,298	62,329	70,344
Ohio	149	102	11	9	10	18	817	807	19,197	20,467
Ind.	73	56	—	—	—	—	N	N	7,635	6,851
Ill.	51	107	1	7	2	8	608	807	18,629	20,597
Mich.	83	86	2	11	8	6	773	718	11,707	17,376
Wis.	130	128	21	21	1	—	725	966	5,161	5,053
W.N. CENTRAL	412	483	40	41	65	23	2,328	2,763	17,986	17,527
Minn.	134	110	24	16	37	5	1,121	1,397	2,995	2,957
Iowa	96	119	—	—	—	—	275	301	1,580	1,249
Mo.	76	98	10	19	13	7	518	578	9,414	9,218
N. Dak.	7	15	—	—	1	7	17	25	98	110
S. Dak.	26	33	3	2	—	—	113	87	352	304
Nebr.	30	65	3	4	4	—	85	154	1,129	1,147
Kans.	43	43	—	—	10	4	199	221	2,418	2,542
S. ATLANTIC	244	181	88	39	124	170	2,551	3,063	74,409	79,944
Del.	9	3	N	N	N	N	60	47	913	894
Md.	32	23	32	6	11	4	201	160	7,067	8,297
D.C.	2	1	—	—	—	—	56	76	2,189	2,568
Va.	47	41	34	21	20	—	538	563	7,254	8,565
W. Va.	3	3	1	1	1	—	51	63	749	892
N.C.	—	—	—	—	64	158	N	N	14,300	15,194
S.C.	7	13	1	—	3	—	97	130	8,811	9,171
Ga.	30	23	17	7	—	—	557	898	13,298	15,783
Fla.	114	74	3	4	25	8	991	1,126	19,828	18,580
E.S. CENTRAL	131	121	10	7	34	16	416	426	27,434	26,602
Ky.	47	31	7	1	23	10	N	N	2,935	2,758
Tenn.	47	42	2	4	11	6	208	237	8,738	8,475
Ala.	30	32	—	—	—	—	208	189	9,000	8,206
Miss.	7	16	1	2	—	—	—	—	6,761	7,163
W.S. CENTRAL	53	93	14	7	9	13	314	346	41,826	43,499
Ark.	10	18	—	—	—	—	83	123	4,490	4,137
La.	4	4	11	1	3	3	58	57	8,400	10,538
Okla.	24	24	2	1	2	4	173	166	4,091	4,453
Tex.	15	47	1	5	4	6	N	N	24,845	24,371
MOUNTAIN	215	244	58	55	10	—	1,481	1,583	11,124	12,356
Mont.	16	16	—	—	—	—	80	82	132	88
Idaho	29	57	13	17	7	—	151	212	118	103
Wyo.	8	9	2	7	—	—	30	27	86	59
Colo.	68	51	3	1	1	—	523	515	2,864	3,054
N. Mex.	13	10	10	9	—	—	85	75	1,065	1,306
Ariz.	33	27	N	N	N	N	155	176	3,943	4,065
Utah	38	47	28	20	—	—	408	365	704	603
Nev.	10	27	2	1	2	—	49	131	2,212	3,078
PACIFIC	459	471	11	2	—	—	3,111	3,226	40,166	36,027
Wash.	126	153	—	—	—	—	361	444	3,659	2,810
Oreg.	151	68	11	2	—	—	388	441	1,563	1,302
Calif.	157	238	—	—	—	—	2,202	2,160	33,429	30,155
Alaska	12	2	—	—	—	—	99	101	524	567
Hawaii	13	10	—	—	—	—	61	80	991	1,193
Guam	N	N	—	—	—	—	—	5	—	125
P.R.	2	5	—	—	—	—	206	301	343	269
V.I.	—	—	—	—	—	—	—	—	45	87
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U	—	U

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.
* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending December 31, 2005, and January 1, 2005 (52nd Week)*

Reporting area	*Haemophilus influenzae*, invasive							
	All ages		Age <5 years					
	All serotypes		Serotype b		Non-serotype b		Unknown serotype	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	2,028	2,085	7	19	108	135	192	177
NEW ENGLAND	155	193	—	1	10	10	6	2
Maine	9	15	—	—	—	—	2	—
N.H.	8	22	—	—	—	2	—	1
Vt.	9	8	—	—	—	—	2	1
Mass.	75	82	—	1	3	4	1	—
R.I.	7	10	—	—	2	1	—	—
Conn.	47	56	—	—	5	3	1	—
MID. ATLANTIC	428	428	1	2	1	5	44	41
Upstate N.Y.	124	142	1	2	—	5	9	7
N.Y. City	75	87	—	—	—	—	14	18
N.J.	93	83	—	—	—	—	11	3
Pa.	136	116	—	—	1	—	10	13
E.N. CENTRAL	295	387	1	2	6	10	21	50
Ohio	111	106	—	1	—	2	10	16
Ind.	67	62	—	—	6	6	—	2
Ill.	68	135	—	—	—	—	8	22
Mich.	23	22	1	1	—	2	2	4
Wis.	26	62	—	—	—	—	1	6
W.N. CENTRAL	111	118	—	2	3	6	11	11
Minn.	44	55	—	1	3	6	3	1
Iowa	1	1	—	1	—	—	—	—
Mo.	36	43	—	—	—	—	6	7
N. Dak.	4	5	—	—	—	—	1	—
S. Dak.	—	—	—	—	—	—	—	—
Nebr.	10	6	—	—	—	—	1	2
Kans.	16	8	—	—	—	—	—	1
S. ATLANTIC	489	462	2	1	33	31	30	29
Del.	—	—	—	—	—	—	—	—
Md.	74	74	1	—	5	7	—	—
D.C.	—	3	—	—	—	—	—	1
Va.	46	56	—	—	—	—	2	6
W. Va.	27	24	—	—	6	5	1	—
N.C.	74	62	1	1	8	7	—	1
S.C.	33	13	—	—	—	—	3	1
Ga.	95	117	—	—	—	—	16	19
Fla.	140	113	—	—	14	12	8	1
E.S. CENTRAL	107	87	—	1	1	2	19	12
Ky.	10	16	—	—	1	2	2	1
Tenn.	78	55	—	—	—	—	13	9
Ala.	19	14	—	1	—	—	4	2
Miss.	—	2	—	—	—	—	—	—
W.S. CENTRAL	106	90	1	1	9	10	9	2
Ark.	5	2	—	—	1	1	—	—
La.	35	19	1	—	2	—	9	1
Okla.	62	67	—	—	6	9	—	—
Tex.	4	2	—	1	—	—	—	1
MOUNTAIN	213	195	1	5	15	34	35	22
Mont.	—	—	—	—	—	—	—	—
Idaho	5	5	—	—	—	—	—	2
Wyo.	8	1	—	—	—	1	1	—
Colo.	41	44	—	—	1	—	9	5
N. Mex.	24	41	1	1	4	10	2	6
Ariz.	100	71	—	1	7	17	12	3
Utah	21	19	—	2	1	3	8	4
Nev.	14	14	—	1	2	3	3	2
PACIFIC	124	125	1	4	30	27	17	8
Wash.	4	3	—	2	—	—	3	1
Oreg.	29	49	—	—	—	—	5	3
Calif.	55	58	1	2	30	27	3	2
Alaska	26	6	—	—	—	—	6	1
Hawaii	10	9	—	—	—	—	—	1
Guam	—	—	—	—	—	—	—	—
P.R.	4	4	—	—	—	—	2	2
V.I.	—	—	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.
* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending December 31, 2005, and January 1, 2005 (52nd Week)*

Reporting area	Hepatitis (viral, acute), by type					
	A		B		C	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	4,284	5,970	5,497	6,741	708	869
NEW ENGLAND	510	1,015	286	393	22	18
Maine	6	17	12	12	—	—
N.H.	78	27	28	43	—	—
Vt.	6	8	5	6	15	8
Mass.	355	867	210	217	1	8
R.I.	15	24	3	7	—	—
Conn.	50	72	28	108	6	2
MID. ATLANTIC	688	816	1,065	776	104	153
Upstate N.Y.	109	119	97	92	22	20
N.Y. City	287	352	125	162	—	—
N.J.	194	188	625	216	—	—
Pa.	98	157	218	306	82	133
E.N. CENTRAL	377	524	538	598	143	122
Ohio	51	50	136	116	9	6
Ind.	55	60	56	80	24	14
Ill.	92	147	132	111	—	18
Mich.	142	146	180	250	110	84
Wis.	37	121	34	41	—	—
W.N. CENTRAL	121	182	264	340	20	33
Minn.	34	57	29	69	8	23
Iowa	22	50	28	17	—	—
Mo.	40	34	150	186	10	4
N. Dak.	—	2	—	4	1	5
S. Dak.	1	4	4	1	—	—
Nebr.	8	13	21	45	1	1
Kans.	16	22	32	18	—	—
S. ATLANTIC	697	1,026	1,371	1,925	153	220
Del.	5	6	48	54	7	52
Md.	81	103	161	158	22	18
D.C.	6	7	12	19	—	4
Va.	79	140	131	306	13	15
W. Va.	6	6	51	53	28	26
N.C.	84	105	167	182	21	12
S.C.	39	42	135	157	4	15
Ga.	108	321	150	470	9	17
Fla.	289	296	516	526	49	61
E.S. CENTRAL	228	163	337	516	81	99
Ky.	24	31	62	85	15	27
Tenn.	147	98	131	245	17	35
Ala.	36	10	86	84	14	5
Miss.	21	24	58	102	35	32
W.S. CENTRAL	253	763	546	953	93	123
Ark.	18	60	49	119	1	3
La.	68	50	71	67	17	4
Okla.	6	20	42	80	7	7
Tex.	161	633	384	687	68	109
MOUNTAIN	368	430	556	534	47	50
Mont.	10	8	3	14	1	2
Idaho	22	20	14	14	1	1
Wyo.	—	5	3	9	1	2
Colo.	48	53	60	59	25	18
N. Mex.	25	24	12	20	1	U
Ariz.	231	267	390	289	—	5
Utah	22	36	46	51	9	6
Nev.	10	17	28	78	9	16
PACIFIC	1,042	1,051	534	706	45	51
Wash.	53	69	66	64	U	U
Oreg.	43	66	104	114	18	17
Calif.	918	885	352	506	26	32
Alaska	4	4	7	11	—	—
Hawaii	24	27	5	11	1	2
Guam	—	1	—	12	—	9
P.R.	58	65	48	88	—	—
V.I.	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.
* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending December 31, 2005, and January 1, 2005 (52nd Week)*

Reporting area	Legionellosis		Listeriosis		Lyme disease		Malaria	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	2,050	2,125	798	750	21,304	19,859	1,252	1,468
NEW ENGLAND	125	112	57	56	2,898	3,632	71	102
Maine	6	1	3	8	228	225	5	7
N.H.	8	15	9	4	220	228	5	5
Vt.	11	6	2	2	49	50	3	4
Mass.	46	45	17	18	1,232	1,532	35	53
R.I.	19	21	6	6	32	249	2	11
Conn.	35	24	20	18	1,137	1,348	21	22
MID. ATLANTIC	731	567	201	177	13,352	11,783	333	388
Upstate N.Y.	219	125	61	54	4,181	4,744	54	62
N.Y. City	102	72	39	26	—	356	170	206
N.J.	112	98	36	37	3,661	2,698	74	74
Pa.	298	272	65	60	5,510	3,985	35	46
E.N. CENTRAL	393	494	86	118	1,519	1,340	106	129
Ohio	206	220	36	40	60	50	30	30
Ind.	27	55	6	18	33	32	5	17
Ill.	15	55	2	24	—	87	33	47
Mich.	118	138	29	27	63	27	23	21
Wis.	27	26	13	9	1,363	1,144	15	14
W.N. CENTRAL	99	76	42	22	975	1,110	46	71
Minn.	30	16	16	5	851	1,023	11	30
Iowa	6	8	8	3	90	49	9	4
Mo.	35	34	5	8	20	26	18	20
N. Dak.	2	2	4	2	—	—	—	3
S. Dak.	21	5	—	1	2	1	—	1
Nebr.	3	5	5	3	2	8	3	4
Kans.	2	6	4	—	10	3	5	9
S. ATLANTIC	417	421	179	132	2,260	1,711	311	353
Del.	19	15	N	N	626	341	3	6
Md.	111	83	21	19	1,211	891	100	81
D.C.	14	12	—	5	8	16	11	13
Va.	46	56	15	27	241	216	32	59
W. Va.	24	13	7	5	17	39	3	2
N.C.	36	40	34	26	49	122	40	23
S.C.	14	18	14	11	21	28	11	11
Ga.	31	43	26	15	6	12	42	65
Fla.	122	141	62	24	81	46	69	93
E.S. CENTRAL	81	107	30	27	36	50	28	35
Ky.	31	44	5	4	5	15	9	5
Tenn.	34	46	12	16	29	28	13	13
Ala.	13	13	9	5	2	7	6	12
Miss.	3	4	4	2	—	—	—	5
W.S. CENTRAL	25	172	37	52	61	112	81	136
Ark.	4	2	2	3	5	8	6	8
La.	2	9	13	3	8	2	3	6
Okla.	7	24	5	4	—	3	11	10
Tex.	12	137	17	42	48	99	61	112
MOUNTAIN	90	96	16	27	21	30	53	59
Mont.	6	3	—	1	—	—	—	1
Idaho	3	9	—	1	2	6	—	2
Wyo.	4	7	—	—	3	4	2	1
Colo.	22	22	7	13	3	—	24	19
N. Mex.	3	4	4	2	1	1	2	5
Ariz.	27	24	—	—	8	17	14	17
Utah	17	22	3	2	2	1	9	8
Nev.	8	5	2	8	2	1	2	6
PACIFIC	89	80	150	139	182	91	223	195
Wash.	—	15	10	13	11	14	16	24
Oreg.	N	N	11	7	19	26	12	19
Calif.	85	63	128	114	149	48	172	146
Alaska	1	1	—	—	3	3	6	2
Hawaii	3	1	1	5	N	N	17	4
Guam	—	—	—	—	—	—	—	—
P.R.	—	—	—	—	N	N	3	—
V.I.	—	—	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.
* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending December 31, 2005, and January 1, 2005 (52nd Week)*

Reporting area	Meningococcal disease									
	All serogroups		Serogroup A, C, Y, and W-135		Serogroup B		Other serogroup		Serogroup unknown	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	1,111	1,242	218	214	132	129	17	30	744	869
NEW ENGLAND	72	75	16	32	8	18	2	1	46	24
Maine	2	12	—	6	—	2	—	—	2	4
N.H.	12	7	—	—	—	—	—	—	12	7
Vt.	5	4	2	—	—	3	1	—	2	1
Mass.	34	40	5	21	4	7	1	—	24	12
R.I.	4	2	1	1	3	1	—	—	—	—
Conn.	15	10	8	4	1	5	—	1	6	—
MID. ATLANTIC	155	166	23	29	9	13	1	—	122	124
Upstate N.Y.	42	44	17	16	7	10	—	—	18	18
N.Y. City	23	29	—	—	—	—	—	—	23	29
N.J.	34	37	—	—	—	—	—	—	34	37
Pa.	56	56	6	13	2	3	1	—	47	40
E.N. CENTRAL	123	140	20	23	9	20	3	3	91	94
Ohio	45	69	4	6	2	5	—	2	39	56
Ind.	19	25	7	7	3	8	—	—	9	10
Ill.	15	1	—	—	—	—	—	—	15	1
Mich.	34	25	9	10	4	7	3	1	18	7
Wis.	10	20	—	—	—	—	—	—	10	20
W.N. CENTRAL	78	77	28	28	10	14	2	3	38	32
Minn.	16	24	5	12	4	5	1	1	6	6
Iowa	17	17	7	7	3	5	—	2	7	3
Mo.	27	19	10	6	3	4	1	—	13	9
N. Dak.	1	2	—	—	—	—	—	—	1	2
S. Dak.	4	4	4	2	—	—	—	—	—	2
Nebr.	5	4	2	1	—	—	—	—	3	3
Kans.	8	7	—	—	—	—	—	—	8	7
S. ATLANTIC	212	230	45	27	25	16	1	9	141	178
Del.	4	6	—	—	—	—	—	—	4	6
Md.	21	11	9	6	6	3	1	1	5	1
D.C.	—	5	—	—	—	—	—	1	—	4
Va.	31	24	12	12	7	5	—	1	12	6
W. Va.	7	7	5	—	—	—	—	—	2	7
N.C.	32	37	14	8	9	8	—	6	9	15
S.C.	15	18	3	1	2	—	—	—	10	17
Ga.	17	15	—	—	—	—	—	—	17	15
Fla.	85	107	2	—	1	—	—	—	82	107
E.S. CENTRAL	55	76	8	8	7	6	—	1	40	61
Ky.	17	18	1	4	2	3	—	—	14	11
Tenn.	24	23	5	—	4	3	—	—	15	20
Ala.	7	17	2	4	1	—	—	1	4	12
Miss.	7	18	—	—	—	—	—	—	7	18
W.S. CENTRAL	94	92	37	25	25	23	4	6	28	38
Ark.	15	18	8	5	5	5	—	—	2	8
La.	28	33	14	8	7	13	—	2	7	10
Okla.	16	10	5	5	2	—	4	4	5	1
Tex.	35	31	10	7	11	5	—	—	14	19
MOUNTAIN	84	68	25	20	5	3	2	6	52	39
Mont.	—	3	—	1	—	—	—	—	—	2
Idaho	6	7	1	—	—	—	—	—	5	7
Wyo.	—	4	—	—	—	—	—	—	—	4
Colo.	17	16	—	—	—	—	—	—	17	16
N. Mex.	3	9	—	5	—	1	—	1	3	2
Ariz.	39	15	12	7	2	—	1	4	24	4
Utah	11	7	6	4	2	—	1	—	2	3
Nev.	8	7	6	3	1	2	—	1	1	1
PACIFIC	238	318	16	22	34	16	2	1	186	279
Wash.	48	42	7	19	20	16	—	1	21	6
Oreg.	28	60	7	—	13	—	—	—	8	60
Calif.	144	203	—	—	—	—	—	—	144	203
Alaska	5	4	—	—	—	—	—	—	5	4
Hawaii	13	9	2	3	1	—	2	—	8	6
Guam	—	1	—	—	—	—	—	—	—	1
P.R.	6	18	—	—	—	—	—	—	6	18
V.I.	—	—	—	—	—	—	—	—	—	—
Amer. Samoa	1	1	—	—	—	—	—	—	1	1
C.N.M.I.	—	—	—	—	—	—	—	—	—	—

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* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending December 31, 2005, and January 1, 2005 (52nd Week)*

Reporting area	Pertussis		Rabies, animal		Rocky Mountain spotted fever		Salmonellosis		Shigellosis	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	21,003	25,827	5,277	6,346	1,843	1,738	41,820	42,207	13,749	14,631
NEW ENGLAND	1,325	2,328	686	731	3	26	2,058	2,087	296	297
Maine	37	196	57	68	N	N	153	110	10	13
N.H.	119	134	13	32	1	—	164	145	14	10
Vt.	86	180	55	38	—	1	94	62	17	4
Mass.	996	1,698	329	325	1	15	1,103	1,169	186	181
R.I.	34	53	26	45	1	7	87	139	14	21
Conn.	53	67	206	223	—	3	457	462	55	68
MID. ATLANTIC	1,324	2,948	961	958	109	79	4,989	5,627	1,210	1,200
Upstate N.Y.	568	1,969	554	529	6	1	1,278	1,292	282	430
N.Y. City	85	196	27	14	8	23	1,181	1,258	396	418
N.J.	228	223	N	N	35	14	866	1,048	297	244
Pa.	443	560	380	415	60	41	1,664	2,029	235	108
E.N. CENTRAL	3,639	8,628	200	190	35	35	5,359	5,096	1,009	1,298
Ohio	1,185	766	70	77	22	11	1,340	1,202	139	170
Ind.	335	364	12	12	3	6	640	523	176	261
Ill.	698	1,554	50	51	1	14	1,555	1,612	306	402
Mich.	304	303	39	41	7	2	919	837	233	246
Wis.	1,117	5,641	29	9	2	2	905	922	155	219
W.N. CENTRAL	3,615	4,302	420	625	165	133	2,465	2,467	1,670	459
Minn.	1,086	1,368	70	94	2	4	576	636	96	67
Iowa	896	1,066	108	100	7	2	417	435	105	64
Mo.	606	595	79	59	133	106	807	628	1,009	184
N. Dak.	139	757	25	75	—	—	39	43	4	3
S. Dak.	161	169	64	94	5	4	143	156	106	13
Nebr.	177	97	—	104	4	17	121	177	82	47
Kans.	550	250	74	99	14	—	362	392	268	81
S. ATLANTIC	1,363	1,106	1,607	2,189	1,003	833	12,781	11,381	2,455	3,026
Del.	15	16	—	9	9	6	124	113	11	12
Md.	199	159	320	329	96	75	820	812	107	152
D.C.	11	13	—	—	2	—	60	64	15	41
Va.	335	400	504	474	108	45	1,103	1,196	124	167
W. Va.	47	51	71	74	9	7	196	247	2	12
N.C.	127	101	455	582	625	535	1,701	1,647	202	484
S.C.	378	206	5	172	67	65	1,322	1,085	99	535
Ga.	42	28	248	344	68	78	1,900	1,941	624	658
Fla.	209	132	4	205	19	22	5,555	4,276	1,271	965
E.S. CENTRAL	477	337	139	151	271	202	2,911	2,749	1,172	983
Ky.	145	98	17	23	3	3	478	361	327	75
Tenn.	196	173	46	52	198	117	744	721	510	534
Ala.	84	49	74	65	66	54	780	768	231	320
Miss.	52	17	2	11	4	28	909	899	104	54
W.S. CENTRAL	1,933	1,422	843	1,081	208	403	3,444	4,650	2,602	4,465
Ark.	292	95	33	54	130	188	723	576	64	83
La.	39	23	—	4	6	5	839	984	136	322
Okla.	—	120	76	113	52	190	401	425	652	724
Tex.	1,602	1,184	734	910	20	20	1,481	2,665	1,750	3,336
MOUNTAIN	4,016	2,134	238	221	39	23	2,305	2,350	931	853
Mont.	570	84	15	26	1	3	148	187	5	4
Idaho	231	66	12	8	3	4	147	159	17	19
Wyo.	49	35	17	7	2	5	85	54	5	6
Colo.	1,373	1,184	16	47	5	4	581	542	166	160
N. Mex.	159	158	10	5	3	2	228	282	130	139
Ariz.	959	278	140	117	21	4	701	701	532	409
Utah	643	276	15	8	4	1	329	234	48	48
Nev.	32	53	13	3	—	—	86	191	28	68
PACIFIC	3,311	2,622	183	200	10	4	5,508	5,800	2,404	2,050
Wash.	835	842	U	U	—	—	532	660	149	133
Oreg.	575	627	7	6	2	2	378	415	125	88
Calif.	1,622	1,109	175	183	8	2	4,246	4,282	2,088	1,774
Alaska	125	14	1	11	—	—	58	68	7	6
Hawaii	154	30	—	—	—	—	294	375	35	49
Guam	—	—	—	—	—	—	—	50	—	42
P.R.	6	5	76	61	N	N	469	535	7	36
V.I.	—	—	—	—	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U	—	U

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* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending December 31, 2005, and January 1, 2005 (52nd Week)*

Reporting area	Streptococcal disease, invasive, group A		*Streptococcus pneumoniae*, invasive disease				Syphilis			
			Drug resistant, all ages		Age <5 years		Primary & secondary		Congenital	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	4,263	4,411	2,356	2,527	940	893	8,020	7,980	273	396
NEW ENGLAND	172	290	113	186	71	113	214	193	1	4
Maine	14	15	N	N	1	7	1	2	—	—
N.H.	15	22	—	—	7	N	15	5	—	3
Vt.	11	10	13	11	6	3	1	1	—	—
Mass.	123	124	84	61	53	63	131	114	—	—
R.I.	9	28	16	26	4	10	20	26	—	1
Conn.	U	91	U	88	U	30	46	45	1	—
MID. ATLANTIC	865	745	196	166	154	141	988	995	35	38
Upstate N.Y.	258	255	77	72	69	99	87	106	9	8
N.Y. City	154	122	U	U	20	U	601	621	5	15
N.J.	179	146	N	N	33	13	129	150	21	14
Pa.	274	222	119	94	32	29	171	118	—	1
E.N. CENTRAL	851	957	600	533	288	208	835	904	35	65
Ohio	193	220	356	353	82	80	210	237	1	2
Ind.	99	104	181	180	51	58	57	60	1	3
Ill.	172	252	17	—	70	18	441	386	14	25
Mich.	321	290	46	N	59	N	89	192	15	34
Wis.	66	91	N	N	26	52	38	29	4	1
W.N. CENTRAL	272	307	59	180	98	117	243	157	5	5
Minn.	111	146	15	155	61	80	64	27	1	1
Iowa	N	N	N	N	—	N	4	5	—	—
Mo.	70	62	36	20	11	14	148	94	4	2
N. Dak.	12	15	3	—	4	4	1	—	—	—
S. Dak.	22	22	3	5	—	—	2	—	—	—
Nebr.	21	22	2	—	7	9	5	7	—	—
Kans.	36	40	N	N	15	10	19	24	—	2
S. ATLANTIC	938	869	1,046	1,148	88	68	2,056	2,162	43	61
Del.	6	3	2	4	—	N	11	9	—	1
Md.	205	153	—	—	59	48	308	380	14	10
D.C.	12	10	19	11	3	4	100	69	—	1
Va.	97	74	N	N	—	N	135	116	4	3
W. Va.	27	34	122	138	26	16	4	3	—	—
N.C.	124	125	N	N	U	U	257	192	11	13
S.C.	31	56	—	83	—	N	83	116	4	12
Ga.	175	195	297	330	—	N	416	549	1	5
Fla.	261	219	606	582	—	N	742	728	9	16
E.S. CENTRAL	166	216	170	186	14	19	480	401	27	25
Ky.	34	62	31	32	N	N	52	47	—	1
Tenn.	132	154	139	152	—	N	218	130	20	10
Ala.	—	—	—	—	—	N	166	165	6	11
Miss.	—	—	—	2	14	19	44	59	1	3
W.S. CENTRAL	269	373	109	91	168	187	1,243	1,231	71	83
Ark.	22	18	15	11	19	8	50	47	1	4
La.	9	4	94	80	30	34	243	332	12	13
Okla.	118	73	N	N	40	50	40	25	1	2
Tex.	120	278	N	N	79	95	910	827	57	64
MOUNTAIN	610	518	63	36	50	37	382	386	30	48
Mont.	—	—	1	—	—	—	7	4	—	—
Idaho	3	9	N	N	—	N	20	24	1	2
Wyo.	5	10	24	12	—	—	—	3	—	—
Colo.	210	116	N	N	49	37	44	63	1	2
N. Mex.	43	91	—	N	—	—	47	82	2	2
Ariz.	261	246	N	N	—	N	177	157	25	41
Utah	87	41	36	22	1	—	6	13	—	1
Nev.	1	5	2	2	—	—	81	40	1	—
PACIFIC	120	136	—	1	9	3	1,579	1,551	26	67
Wash.	N	N	N	N	N	N	152	150	—	—
Oreg.	N	N	N	N	6	N	40	29	—	—
Calif.	—	—	N	N	N	N	1,369	1,356	26	67
Alaska	—	—	—	—	—	N	6	8	—	—
Hawaii	120	136	—	1	3	3	12	8	—	—
Guam	—	—	—	—	—	—	—	2	—	—
P.R.	N	N	N	N	—	N	219	180	12	6
V.I.	—	—	—	—	—	—	—	4	—	—
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U	—	U

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.
* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (*Continued*) Provisional cases of selected notifiable diseases, United States, weeks ending December 31, 2005, and January 1, 2005 (52nd Week)*

Reporting area	Tuberculosis		Typhoid fever		Varicella (chickenpox)		West Nile virus disease†		
							Neuroinvasive		Non-neuroinvasive§
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005
UNITED STATES	11,547	14,157	271	322	26,532	32,868	1,182	1,142	1,493
NEW ENGLAND	408	485	25	24	2,302	5,334	9	—	4
Maine	17	20	1	—	213	363	—	—	—
N.H.	6	24	—	—	1,418	—	—	—	—
Vt.	7	6	—	—	128	413	—	—	—
Mass.	256	283	15	16	543	2,656	4	—	2
R.I.	37	51	1	1	—	—	1	—	—
Conn.	85	101	8	7	U	1,902	4	—	2
MID. ATLANTIC	2,050	2,171	55	76	4,881	96	27	17	18
Upstate N.Y.	258	323	6	11	—	—	—	5	—
N.Y. City	1,005	1,039	25	31	—	—	10	2	4
N.J.	462	482	16	19	—	—	3	1	3
Pa.	325	327	8	15	4,881	96	14	9	11
E.N. CENTRAL	1,242	1,280	26	37	6,941	12,916	238	66	119
Ohio	259	219	2	7	1,742	1,663	46	11	15
Ind.	127	128	1	1	597	N	10	8	2
Ill.	570	568	12	16	82	6,279	132	29	88
Mich.	209	273	6	9	4,087	4,240	39	13	8
Wis.	77	92	5	4	433	734	11	5	6
W.N. CENTRAL	430	489	6	11	671	189	151	86	426
Minn.	181	199	5	6	—	—	17	13	27
Iowa	47	47	—	—	N	N	14	13	21
Mo.	99	127	—	2	488	5	17	27	14
N. Dak.	2	4	—	—	55	85	12	2	74
S. Dak.	15	11	—	—	128	99	35	6	192
Nebr.	29	39	—	2	—	—	43	7	90
Kans.	57	62	1	1	—	—	13	18	8
S. ATLANTIC	2,472	2,928	52	46	2,735	3,110	30	65	22
Del.	20	17	1	—	31	5	1	—	—
Md.	252	296	12	13	—	—	4	10	1
D.C.	52	81	—	—	41	26	—	1	—
Va.	281	329	18	11	999	1,240	—	4	—
W. Va.	26	24	—	—	1,120	1,309	—	—	N
N.C.	315	382	6	8	—	N	2	3	2
S.C.	209	189	—	—	544	530	5	—	—
Ga.	385	538	4	4	—	—	9	14	7
Fla.	932	1,072	11	10	—	—	9	33	12
E.S. CENTRAL	549	716	7	8	—	54	64	60	38
Ky.	114	127	2	3	N	N	5	1	—
Tenn.	250	276	2	5	—	—	14	13	3
Ala.	185	194	1	—	—	54	6	15	4
Miss.	—	119	2	—	—	—	39	31	31
W.S. CENTRAL	1,524	1,995	16	29	6,468	8,601	236	237	121
Ark.	113	134	—	—	38	—	11	17	15
La.	—	—	1	—	120	57	100	85	38
Okla.	141	178	1	1	—	—	16	16	14
Tex.	1,270	1,683	14	28	6,310	8,544	109	119	54
MOUNTAIN	384	603	11	8	2,534	2,568	139	322	230
Mont.	8	15	—	—	—	—	8	2	17
Idaho	—	11	—	—	—	—	3	1	10
Wyo.	—	5	—	—	53	57	6	2	6
Colo.	62	127	7	3	1,776	2,040	20	41	81
N. Mex.	35	42	—	—	174	U	20	31	13
Ariz.	221	272	2	2	—	—	47	214	57
Utah	27	36	1	1	531	471	21	6	31
Nev.	31	95	1	2	—	—	14	25	15
PACIFIC	2,488	3,490	73	83	—	—	288	289	515
Wash.	243	236	8	6	N	N	—	—	—
Oreg.	54	106	4	1	—	—	1	—	6
Calif.	2,034	2,989	49	70	—	—	287	289	509
Alaska	44	43	—	—	—	—	—	—	—
Hawaii	113	116	12	6	—	—	—	—	—
Guam	—	56	—	—	—	273	—	—	—
P.R.	—	123	—	—	600	445	—	—	—
V.I.	—	—	—	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U	—
C.N.M.I.	—	U	—	U	—	U	—	U	—

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.

* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases (ArboNet Surveillance).

§ Not previously notifiable.

TABLE III. Deaths in 122 U.S. cities,* week ending December 31, 2005 (52nd Week)

Reporting Area	All causes, by age (years)						P&I† Total
	All Ages	≥65	45–64	25–44	1–24	<1	
NEW ENGLAND	555	386	113	29	18	9	64
Boston, Mass.	145	89	31	12	9	4	11
Bridgeport, Conn.	46	31	11	4	—	—	7
Cambridge, Mass.	10	5	5	—	—	—	—
Fall River, Mass.	41	33	6	2	—	—	4
Hartford, Conn.	55	37	14	1	2	1	9
Lowell, Mass.	19	16	2	1	—	—	3
Lynn, Mass.	6	5	1	—	—	—	1
New Bedford, Mass.	22	16	2	4	—	—	2
New Haven, Conn.	24	16	6	1	—	1	1
Providence, R.I.	50	35	12	—	2	1	8
Somerville, Mass.	4	3	1	—	—	—	—
Springfield, Mass.	46	32	11	2	1	—	4
Waterbury, Conn.	29	25	1	1	1	1	6
Worcester, Mass.	58	43	10	1	3	1	8
MID. ATLANTIC	2,178	1,566	431	121	32	27	125
Albany, N.Y.	52	33	14	3	—	2	2
Allentown, Pa.	37	33	4	—	—	—	3
Buffalo, N.Y.	67	47	15	2	2	1	8
Camden, N.J.	29	16	4	5	2	2	2
Elizabeth, N.J.	18	11	6	1	—	—	5
Erie, Pa.	39	28	7	3	1	—	2
Jersey City, N.J.	23	16	3	4	—	—	—
New York City, N.Y.	1,228	896	236	67	17	11	61
Newark, N.J.	54	21	19	7	3	4	2
Paterson, N.J.	24	12	10	1	1	—	1
Philadelphia, Pa.	196	124	54	10	5	3	8
Pittsburgh, Pa.§	23	16	5	1	—	1	2
Reading, Pa.	31	26	3	2	—	—	2
Rochester, N.Y.	142	123	14	5	—	—	10
Schenectady, N.Y.	24	18	3	2	—	1	—
Scranton, Pa.	30	19	10	1	—	—	2
Syracuse, N.Y.	93	71	15	4	1	2	8
Trenton, N.J.	32	25	6	1	—	—	2
Utica, N.Y.	17	14	2	1	—	—	2
Yonkers, N.Y.	19	17	1	1	—	—	3
E.N. CENTRAL	1,831	1,264	372	114	39	42	111
Akron, Ohio	43	24	12	4	—	3	1
Canton, Ohio	42	33	5	3	—	1	3
Chicago, Ill.	360	232	88	24	10	6	18
Cincinnati, Ohio	86	53	19	5	3	6	14
Cleveland, Ohio	183	149	27	3	—	4	11
Columbus, Ohio	168	107	35	14	8	4	15
Dayton, Ohio	101	76	19	6	—	—	4
Detroit, Mich.	105	55	28	16	4	2	5
Evansville, Ind.	38	30	5	3	—	—	2
Fort Wayne, Ind.	51	37	12	2	—	—	3
Gary, Ind.	23	10	6	4	2	1	—
Grand Rapids, Mich.	50	31	10	3	3	3	6
Indianapolis, Ind.	120	83	29	4	2	2	5
Lansing, Mich.	33	25	6	1	—	1	2
Milwaukee, Wis.	110	80	26	4	—	—	7
Peoria, Ill.	46	31	9	3	2	1	4
Rockford, Ill.	77	54	16	4	—	3	2
South Bend, Ind.	48	35	6	4	2	1	1
Toledo, Ohio	97	78	11	4	2	2	7
Youngstown, Ohio	50	41	3	3	1	2	1
W.N. CENTRAL	482	328	101	26	17	10	21
Des Moines, Iowa	—	—	—	—	—	—	—
Duluth, Minn.	32	28	3	1	—	—	—
Kansas City, Kans.	28	20	7	—	1	—	—
Kansas City, Mo.	68	49	12	3	2	2	2
Lincoln, Nebr.	36	31	3	1	1	—	3
Minneapolis, Minn.	55	34	14	3	2	2	5
Omaha, Nebr.	45	37	3	3	2	—	3
St. Louis, Mo.	111	55	37	10	5	4	7
St. Paul, Minn.	40	28	6	1	3	2	1
Wichita, Kans.	67	46	16	4	1	—	—
S. ATLANTIC	882	531	237	63	32	19	45
Atlanta, Ga.	120	82	27	7	3	1	2
Baltimore, Md.	152	85	43	17	5	2	11
Charlotte, N.C.	112	60	32	11	5	4	9
Jacksonville, Fla.	95	58	25	5	7	—	2
Miami, Fla.	U	U	U	U	U	U	U
Norfolk, Va.	39	19	15	2	—	3	1
Richmond, Va.	40	18	18	2	1	1	2
Savannah, Ga.	55	33	14	3	—	5	2
St. Petersburg, Fla.	U	U	U	U	U	U	U
Tampa, Fla.	153	108	38	4	2	1	11
Washington, D.C.	100	55	23	11	9	2	2
Wilmington, Del.	16	13	2	1	—	—	3
E.S. CENTRAL	836	560	194	50	17	15	61
Birmingham, Ala.	128	96	23	3	3	3	13
Chattanooga, Tenn.	76	51	19	3	2	1	5
Knoxville, Tenn.	106	74	23	7	—	2	7
Lexington, Ky.	49	33	12	3	1	—	3
Memphis, Tenn.	191	127	41	14	4	5	15
Mobile, Ala.	107	73	25	6	2	1	6
Montgomery, Ala.	63	35	17	9	2	—	7
Nashville, Tenn.	116	71	34	5	3	3	5
W.S. CENTRAL	1,369	867	335	98	33	36	69
Austin, Tex.	114	72	31	4	1	6	7
Baton Rouge, La.	14	11	3	—	—	—	2
Corpus Christi, Tex.	36	21	9	—	3	3	3
Dallas, Tex.	199	125	55	12	4	3	14
El Paso, Tex.	81	54	14	12	—	1	2
Ft. Worth, Tex.	132	74	37	10	6	5	5
Houston, Tex.	365	218	95	32	10	10	12
Little Rock, Ark.	67	47	12	2	2	4	1
New Orleans, La.¶	U	U	U	U	U	U	U
San Antonio, Tex.	188	118	43	18	6	3	12
Shreveport, La.	46	36	6	3	1	—	4
Tulsa, Okla.	127	91	30	5	—	1	7
MOUNTAIN	981	651	230	59	22	19	60
Albuquerque, N.M.	100	76	22	1	1	—	8
Boise, Idaho	47	34	10	—	2	1	4
Colo. Springs, Colo.	71	51	13	5	1	1	1
Denver, Colo.	101	51	25	11	6	8	7
Las Vegas, Nev.	310	197	78	23	8	4	15
Ogden, Utah	30	15	12	3	—	—	2
Phoenix, Ariz.	U	U	U	U	U	U	U
Pueblo, Colo.	37	25	9	2	—	1	2
Salt Lake City, Utah	143	97	27	14	1	4	15
Tucson, Ariz.	142	105	34	—	3	—	6
PACIFIC	1,652	1,169	325	93	35	30	174
Berkeley, Calif.	5	3	1	1	—	—	—
Fresno, Calif.	U	U	U	U	U	U	U
Glendale, Calif.	31	26	4	1	—	—	11
Honolulu, Hawaii	74	51	17	2	3	1	6
Long Beach, Calif.	57	40	9	3	2	3	7
Los Angeles, Calif.	555	378	118	38	13	8	57
Pasadena, Calif.	26	22	3	—	—	1	4
Portland, Oreg.	123	88	23	8	2	2	6
Sacramento, Calif.	227	169	36	12	5	5	29
San Diego, Calif.	151	103	32	9	2	5	13
San Francisco, Calif.	120	85	25	7	—	3	14
San Jose, Calif.	U	U	U	U	U	U	U
Santa Cruz, Calif.	37	31	6	—	—	—	3
Seattle, Wash.	110	77	21	9	2	1	7
Spokane, Wash.	51	38	11	1	1	—	9
Tacoma, Wash.	85	58	19	2	5	1	8
TOTAL	10,766**	7,322	2,338	653	245	207	730

U: Unavailable. —: No reported cases.

* Mortality data in this table are voluntarily reported from 122 cities in the United States, most of which have populations of ≥100,000. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

† Pneumonia and influenza.

§ Because of changes in reporting methods in this Pennsylvania city, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

¶ Because of Hurricane Katrina, weekly reporting of deaths has been temporarily disrupted.

** Total includes unknown ages.

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